

Urgent Care Centre

Quality Report

Leechmere Centre,
Claymere Road,
Leechmere Industrial Estate,
Sunderland,
Tyne and Wear,
SR2 9TQ

Tel: 0191 2297545

Website: www.vocare.org.uk

Date of inspection visit: 22 and 30 January 2017

Date of publication: 15/05/2017

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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Urgent Care Centre	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	20

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Urgent Care Centre on 22 and 30 January 2017. Overall the service is rated as requires improvement.

Our key findings 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.
- 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.
- Out of hours staff provided other services, for example the patient's GP, with information following contact with patients as was appropriate.

- The service managed patients' care and treatment in a timely way.
- 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 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.

Summary of findings

The areas where the provider must make improvements are:

- Ensure all staff receive training appropriate to their role including children's safeguarding, basic life support and infection control. Ensure all staff receive appropriate support, including regular supervision and appraisals.
- Ensure oversight and governance arrangements are in place to provide assurance that; recruitment

processes are safe and that action is taken to address areas of known concern, including the monitoring and recording of staff training requirements.

In addition, the provider should:

- Continue to seek ways to improve performance on face-to-face consultations.

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?

The service is rated as requires improvement for providing safe services.

- Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were assessed and well managed.
- Lessons were shared to make sure action was taken to improve safety in the service. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and verbal or written apologies.
- Premises were clean and hygienic and good infection control arrangements were in place. The arrangements for managing medicines, including emergency drugs, kept patients safe.
- Staff demonstrated they understood their responsibilities in relation to safeguarding. Staff we spoke with told us they had received training on safeguarding children and vulnerable adults relevant to their role. However, it was not clear how this was recorded and monitored. We looked at a sample of records and these did not include any reference to whether or not appropriate training on safeguarding had been completed by clinicians.
- Staff recruitment and induction policies were in operation. We reviewed the personnel files of three staff members and found that some recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate DBS checks. However, for two of the clinicians and one non-clinical manager, references had not been obtained. Managers told us that a decision had been made by leaders that if a GP's GMC checks are up to date and they are on the national performers list, that references were not needed.

Requires improvement



Are services effective?

The service is rated as requires improvement for providing effective services.

- Patients' needs were assessed and care was planned and delivered in line with current legislation.

Requires improvement



Summary of findings

- There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment.
- The most recent results (April-September 2016) of the National Quality Requirements (NQR) showed the provider was meeting the requirements overall. For two areas the service was given an amber or red rating, meaning the target figure had not been met. NQR 12: Face-to-face consultations (whether in a centre or in the patient's place of residence) must be started within the following timescales, after the definitive clinical assessment has been completed:
 1. Urgent: Within 2 hours - The provider had achieved between 65% and 100% (target 95%).
 2. Less urgent: Within 6 hours - The provider had achieved between 85% and 100% (target 95%).
- However, the provider was able to provide evidence of what they were doing to improve their NQR results.
- The provider advised us that the NQRs had not been updated since the implementation of NHS 111 services. The provider was therefore also required to report monthly to the clinical commissioning group on their performance against alternative local standards which included speaking to patients or offering them an appointment with a healthcare professional within the relevant timescales. The reports showed the provider was meeting these requirements.
- There was evidence of clinical audit activity and improvements made to patient care and patient outcomes as a result of this.
- Some staff had not received appropriate training to enable them to carry out their duties and the majority of non-clinical staff had not received a recent appraisal to identify any learning or development needs.

Are services caring?

The service is rated as good for providing caring services.

- Feedback from patients was positive. Results from the provider's own survey carried out in October 2016 showed the majority of patients were satisfied with the service; 56 out of 68 respondents (82%) said the service was either good, very good or excellent.
- Staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

- The National GP Patient Survey, published in July 2016 showed scores were above average. For example, 90% of respondents said they had confidence and trust in out of hours staff, compared to 86% nationally.

Are services responsive to people's needs?

The service is rated as good for providing responsive services.

Good



- Feedback received from patients and from the National Quality Requirements scores indicated that in most cases patients were seen in a timely way. However, the service had not met one of the targets (NQR12b – 95% of face to face consultations should be within two hours). Managers were aware of this and had taken action to improve access
- The National GP Patient Survey, published in July 2016, showed that patients' impressions of how quickly care or advice was received was better than the national average; 66% of respondents felt the timing was about right, compared to the national average of 62%.
- 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 good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the service responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

The service is rated as requires improvement for providing well-led services.

Requires improvement



- Staff understood their responsibilities in relation to the service's aims and objectives.
- There was a clear leadership structure in place and staff felt supported by management. Team working within the service between clinical and non-clinical staff was good.
- 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.
- The governance arrangements for ensuring safe recruitment and training of staff were insufficient.

Summary of findings

- There was a clear approach to seeking out and embedding new ways of providing care and treatment, and we saw several examples of this during the inspection. This included working with accident and emergency clinicians to reduce demand on secondary care services.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Summary of findings

What people who use the service say

We looked at various sources of feedback 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. Results from the provider's own survey carried out in October 2016 showed the majority of patients were satisfied with the service; 42 out of 46 respondents (91%) said the service was either good, very good or excellent.

The National GP Patient Survey asks patients about their satisfaction with the out-of-hours service. The latest

results, published in July 2016 showed scores were above average. For example, 90% of respondents said they had confidence and trust in out of hours staff, compared to 86% nationally.

Results from the friends and family test, carried out in October 2016 showed the majority of patients were satisfied with the service; 52 out of 56 respondents (92%) said they would be either extremely likely or likely to recommend the service to their friends and family.

Areas for improvement

Action the service MUST take to improve

Ensure all staff receive training appropriate to their role including children's safeguarding, basic life support and infection control. Ensure all staff receive appropriate support, including regular supervision and appraisals.

Ensure oversight and governance arrangements are in place to provide assurance that; recruitment processes are safe and that action is taken to address areas of known concern, including the monitoring and recording of staff training requirements.

Action the service SHOULD take to improve

Continue to seek ways to improve performance on face-to-face consultations.

Urgent Care Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and a further two CQC inspectors.

There is a stable clinical staff team who work for Urgent Care Centre regularly. The service employs a number of both male and female GPs from the local community. The clinicians are supported by an administration / call handling team, receptionists, drivers and a management team who are responsible for the day to day running of the service.

Background to Urgent Care Centre

The Urgent Care Centre (known as Leechmere Centre) provides out of hours general practitioner cover in the evenings, overnight, at weekends and on bank holidays. The service provides telephone contact and access to general practitioners at local centres and home visits. The service covers 281,500 patients throughout the Sunderland area. Urgent Care Centre is part of a national organisation, Vocare Limited, which provides urgent care services to 10 million patients across the UK.

Patients can access the service from 6pm to 8am Monday to Friday and 24 hours throughout Saturday, Sunday and Bank Holidays. Calls to the service are handled by North East Ambulance Service (NEAS) via the 111 telephone number. Urgent Care Centre operates a triage model where all patients receive clinical telephone assessments. This prevents unnecessary journeys for patients and enables appropriate coordination of home visits and appointments according to clinical urgency and demand.

The service does not have any patient facilities; the premises are a base for GPs to carry out triaging of patients. Patients can be seen in person by attending one of Vocare's three urgent care centres throughout Sunderland or by a home visit.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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

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

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

Detailed findings

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.

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 announced visits on 22 and 30 January 2017.

During our visit we:

- Spoke with a range of staff (the head of governance, a GP, a despatcher, an operations manager and a clinical manager).
- 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.

During January 2017 we also carried out separate inspections of three urgent care centres throughout Sunderland.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events and staff were well aware of their roles and responsibilities in relation to this.

- 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. All staff could access the system and input data.
- 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.
- Significant events were discussed at dedicated monthly and quarterly meetings.
- The service carried out a thorough analysis of such events and ensured that learning from them was disseminated to staff and embedded in policy and processes.

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. For example, following an incident where some out of date sterile water, used when giving injections, was used, revised processes were put in place to ensure any medicines due to expire within the following two months were removed from the medicines boxes used on home visits.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe, although improvements could be made:

- 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. Staff we spoke with told us they had received training on safeguarding children and vulnerable adults relevant to their role. However, it was not clear how this was recorded and monitored. We looked at a sample of records and these did not include any reference to whether or not appropriate training on safeguarding had been completed by clinicians.

- 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).
- We reviewed the personnel files of three staff members and found that some recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate DBS checks. However, for two of the clinicians and one non-clinical manager, references had not been obtained. Managers told us that a decision had been made by leaders that if a GP's GMC checks are up to date and they are on the national performers list, that references were not needed.

Medicines management

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Regular medication audits were carried out to ensure the service was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- 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

Are services safe?

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.

- Processes were in place for checking medicines, including those held at the service and also medicines boxes 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. Medicines were not stored in the cars unless they were in use.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The service had well established risk management systems in place and had been accredited with the International Standard ISO 31000 (Risk Management). A number of risk assessments had been developed and undertaken; including a fire and a health and safety risk assessment. As part of the ISO 31000, regular external audits were carried out before the service could be reaccredited with the Standard.
- 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 the office. The service had up to date fire risk assessments and regular fire drills were carried out.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The service also 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 type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal).
- There were systems in place to ensure the safety of the out of hours vehicles. Checks were undertaken at the beginning and end of each shift. These checks included the equipment on board, the lights and indicators of the vehicle and the communication systems within it. The driver team leader told us the vehicles were fitted with tyre sensors to alert if there was a problem with tyre

pressure and there was an agreement with a local tyre firm for swift replacement. Records were kept of MOT and servicing requirements. The vehicles were also fitted with GPS so that their speed and location could be tracked. This improved safety for drivers and clinicians, as the control room always knew where the cars were located. This could also be used to manage demand when required.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. Weekly meetings were held for line managers to review staffing levels and identify any gaps. The service had a dedicated 'rota team' and used a computerised system to plan staffing levels. There was a rota system in place for all the different staffing groups to ensure there were enough staff on duty. A forecast model was used to assess the number of staff required, this took into account the number and type of calls made during previous similar time periods.

Arrangements to deal with emergencies and major incidents

- Emergency equipment was available including access to oxygen and a defibrillator (used to attempt to restart a person's heart in an emergency).
- Emergency medicines were available in a secure area of the centre and all staff knew of their location. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.
- A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the service, such as power cuts and adverse weather conditions. Risks were identified and mitigating actions recorded to reduce and manage the risk. For example, the computer system could be accessed from various sites and calls could be taken from other services within the company if necessary. The service had an arrangement with a voluntary organisation which would provide heavy vehicles in the event of extreme weather, so staff could still visit patients in remote or hard to reach areas.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff 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 practice 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 clinical director published a regular bulletin for staff; this included information about any new or amended guidelines.
- 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 NQRs are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to the clinical commissioning groups 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 saw that the most recent results (April -September 2016) showed the provider was meeting these requirements overall. For two areas the service was given an amber or red rating, meaning the target figure had not been met.

NQR 12: Face-to-face consultations (whether in a centre or in the patient's place of residence) must be started within the following timescales, after the definitive clinical assessment has been completed:

- Urgent: Within 2 hours - The provider had achieved between 65% and 100% (target 95%).
- Less urgent: Within 6 hours -. The provider had achieved between 85% and 100% (target 95%).

The provider was able to provide evidence of what they were doing to improve. Managers told us that failure to

meet targets was due to issues with capacity. They had implemented a number of initiatives over the past few months which they felt would improve performance. This included employing prescribing pharmacists to deal with medicines queries and issue prescriptions, where appropriate. This freed up time for doctors on shift to continue to triage and treat patients. A national triage team had been set up within Vocare; GPs were home based and were employed to cover periods of increased demand and to alleviate pressures on the local GPs.

The provider advised us that the NQRs had not been updated since the implementation of NHS 111 services. The provider was therefore also required to report monthly to the clinical commissioning group on their performance against alternative local standards which included speaking to patients or offering them an appointment with a healthcare professional within the relevant timescales.

The reports showed the provider was meeting these requirements. For example, in October 2016; 99.7% of patients who were assessed as needing a visit, were offered an appointment within two hours and 98% of patients who were assessed as needing a telephone call within two hours were contacted.

There was evidence of quality improvement including clinical audit.

- An assurance framework was in place; annual audits were carried out and there was also a three year rolling audit schedule. Responsive audits were carried out where appropriate and improvements implemented and monitored where necessary.
- The service participated in local audits and national benchmarking.
- The service regularly reviewed national studies and implemented improvements to services. Recent action taken included the development of a sepsis toolkit (sepsis is a life-threatening condition that arises when the body's response to infection injures its own tissues and organs); clinical leaders had worked with specialists from secondary care, including paediatric consultants and intensive care clinicians and had implemented a set of guidelines and information leaflets for staff and patients on how to recognise sepsis and ensure treatment is provided as soon as possible. The toolkit was accessible to all clinicians at the Vocare House site and at all of the hospital sites.

Are services effective?

(for example, treatment is effective)

Effective staffing

- The service had an induction programme for all newly appointed staff. New staff were supported to work alongside experienced staff and their performance was regularly reviewed during their induction period.
- Clinical supervision processes were in place for the salaried GPs, which included reflective feedback and a review of their professional standards. A clinical supervision policy had recently been implemented; this set out expectations for clinicians and their supervisors that appraisals would be carried out annually.
- The performance of each clinician was audited regularly. This included reviews of face to face and telephone consultations. Outcomes were rated as either red flag alert, which meant all clinical work was ceased and the clinician was invited in to discuss the results further and reflect on their work; borderline; which meant the clinician could continue to work but were invited to reflect on their consultation and were audited again within three months; and proficient. Audits were carried out every three, six or 12 months or more frequently, depending on the clinician's results.
- The learning needs of staff were identified through ongoing assessments. Monthly training sessions were provided for all clinical staff and they were provided with a seasonal clinical bulletin which included several 'learning points'.
- The arrangements for ensuring that all staff received appropriate training were not sufficiently rigorous. The service had a mandatory training programme that covered topics such as information governance, equality and diversity, child protection and infection control. We looked at a sample of staff files. There were some records of on-line training for staff. However, most of these showed that training had been completed a number of years ago.
- Managers did not have a clear overview of whether GPs had completed mandatory training. There were no processes in place to monitor that this training, including children's safeguarding, basic life support and infection control had been completed by the GPs.
- The arrangements for carrying out staff appraisals for non-clinical staff were unsatisfactory. Managers told us that department leaders were responsible for arranging

appraisals. We looked at a sample of staff files; the majority of non-clinical staff had not received a recent appraisal, where for example, training needs were identified.

Coordinating patient care and information sharing

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 notes'/summary care records which detailed information provided by the patient's GP. This helped the out-of-hours 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 other services. Patients who could be more appropriately seen by their registered GP or an emergency department were referred.
- Out-of-hours notes were sent to the patient's registered GP electronically by 8am the following morning. The most recent NQR results (July-September 2016) showed that the service had achieved 100%; all notes were sent to the relevant GP by 8am.
- The service worked collaboratively with the Sunderland Recovery at Home Service; the team were based in the same premises and there were arrangements in place for referring patients directly to the service.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients when speaking on the telephone.

Results from the provider's own survey carried out in October 2016 showed the majority of patients were satisfied with the service:

- 42 out of 46 respondents (91%) said the service was either good, very good or excellent;
- 52 out of 56 respondents (92%) said they would be either extremely likely or likely to recommend the service to their friends and family.

The National GP Patient Survey also asks patients for their opinions on the out-of-hours service. The latest results, published in July 2016 showed scores were above average. For example, 90% of respondents said they had confidence and trust in out of hours staff, compared to 86% nationally.

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. Sign language interpreters and a braille translation service were also available.

Patients reported they felt involved in decision making about the care and treatment they received. Results from the provider's own survey carried out in October 2016 showed that 62 out of 72 respondents (86%) were satisfied with how the health professional explained things to them.

Clinicians made appropriate use of special notes from patients' own GPs during consultations. Special notes are a way in which the patient's usual GP can share information with out-of-hours clinicians, for example, about patients with complex needs or nearing the end of life and their wishes in relation to care and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take account of the needs of different patient groups. For example:

- Home visits were available for patients whose clinical needs meant it was difficult for them to attend the service.
- Translation services were available.
- In response to a high volume of calls to the service from patients with queries about their medication, the provider had employed clinical pharmacists to answer calls and issue prescriptions, where appropriate. This freed up time for doctors on shift to continue to triage and treat patients.
- There were systems in place to monitor demand in real time. This meant work could be shared more effectively between clinicians, reducing waiting times for patients. We saw examples of this during the inspection, when home based GPs were able to triage calls during times of increased demand.
- There were three centres across Sunderland where patients could attend to see a GP or a nurse practitioner.

Access to the service

The service was open from 6.30pm to 8am Monday to Friday and 24 hours throughout Saturday, Sunday and Bank Holidays.

Patients could access the service via NHS 111. Patients who needed to be seen face to face were allocated an appointment at one of three sites across Sunderland or a home visit.

Feedback received from patients and from the National Quality Requirements (NQR) scores indicated that in most cases patients were seen in a timely way (all except one NQR indicator had been met). The service had not met NQR12b – 95% of face to face consultations should be within two hours; scores ranged from 65% to 100% in the period April to December 2016. Managers were aware of this and had taken action to improve access; this included appointing prescribing pharmacists to help with the GP's workload; they were able to deal with repeat prescription requests which meant GPs had more time to focus on triage and patient consultations.

The National GP Patient Survey, published in July 2016, showed that patients' impressions of how quickly care or advice was received was better than the national average; 66% of respondents felt the timing was about right, compared to the national average of 62%.

The provider's own survey undertaken in October 2016 showed:

- 45 out of 55 respondents (81%) were satisfied with the time taken to speak to a health professional.

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.

A triage GP assessed all requests for face to face consultations. They telephoned the patient or carer 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 a system in place for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations.
- There was a designated responsible person who handled all complaints. Each complaint was then allocated to an independent person or team to investigate.
- We saw that information was available to help patients understand the complaints system. Leaflets detailing the process were available in the waiting rooms and there was information on the service's website.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The service displayed openness and transparency when dealing with complaints.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint about the lack of support for a visually impaired patient; an agreement was made with an organisation to provide information in a braille format.

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 clear vision to deliver high quality care and promote good outcomes for patients.

- The provider had a mission statement, this was; “Our mission is to provide clinically-led services and 24/7 urgent care in hospitals, at our centres and at home, as well as leadership around care policy development and service regulation”.
- Staff knew and understood the service’s values.
- The service had a supporting business plan which reflected the vision and values and was regularly monitored.

Governance arrangements

The arrangements for governance and performance management did not always operate effectively.

- 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.
- Managers 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 groups 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.
- However, there was not effective leadership for ensuring safe arrangements for recruitment and training of staff.

Leadership, openness and transparency

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 and training for all staff on communicating with

patients about notifiable safety incidents. Managers encouraged a culture of openness and honesty. Systems were in place to ensure that when things went wrong with care and treatment:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- 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.

- Staff told us that there was an open culture within the service and they had the opportunity to raise any issues at team meetings. They said they felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported and had the opportunity to contribute to the development of the service
- There were arrangements in place to ensure the staff were kept informed and up-to-date. This included feedback on incidents, complaints or safeguarding that staff had reported.
- Medical indemnity cover was provided for clinical staff. This was an incentive to improve staff well-being and to encourage new staff to join the organisation.
- During operational hours staff had access to team leaders and on-call clinical support at all times

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

Challenge from people who used the service, the public and stakeholders was welcomed and seen as a vital way of holding the service to account. The service encouraged and valued feedback from patients, the public and staff.

The service had gathered feedback from staff through meetings and one to one discussions, as well as a staff survey. 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.

Continuous improvement

There was a focus on continuous learning and improvement.

- Two detailed reviews of the service were carried out each year. ‘A day in the life of’ sessions were attended by various managers and team leaders, including

Are services well-led?

Requires improvement 

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

operations staff, clinicians, the head of governance and the local clinical director. All activities (initial telephone calls, triage calls, home visits and centre consultations) from a particular day were reviewed in detail. The team considered whether the advice given and patient pathways were appropriate. Any learning points were disseminated to staff, usually within the seasonal clinical bulletin.

- In response to a perception from secondary care staff that referral rates to hospital were high, some accident

and emergency clinicians worked with the service and carried out triaging of patients so they were able to understand the process and provide guidance as to where hospital referrals could be avoided. An initial review of this showed that patients were more appropriately triaged and there was a reduction in the number of inappropriate referrals to accident and emergency.

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
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: Systems and processes established to ensure compliance with regulations did not operate effectively. There was insufficient governance and oversight to provide assurance that; recruitment processes were safe and that action was taken to address areas of known concern, including the monitoring and recording of staff training requirements. Regulation 17 (1)
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: Some staff had not received appropriate training to enable them to carry out the duties they were employed to do, including children's safeguarding, basic life support and infection control. Some staff did not receive appropriate appraisals to support them to carry out the duties they were employed to do Regulation 18 (2) (a).