Principal Medical Limited Registered Office

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Principal Medical Limited on 21 and 22 March 2017. Principal Medical Limited is a GP federation providing specific services for the majority of GP practices in Oxfordshire and also South Northamptonshire. It has been owned by GPs since being created in 2004 and is run by a variety of clinical and non-clinical staff. They deliver services via associated member GP practices by sub-contracting services or directly via employed staff. Overall the provider is rated as good.

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

- There was an open culture of learning and the provider enabled their services to be dynamic in their design and delivery.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, due to the difficulty in gathering all staff groups for meetings at one time, sharing of outcomes was not always formalised. There was good alternative communication.
- The provider had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained and provided with the skills, resources and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke, those who left feedback and survey data showed that the level of satisfaction among those who used the service was high. This included access to staff, communication and the quality of services received.
- The provider ensured there were the required facilities and equipment to enable staff to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The provider proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the provider complied with these requirements.

The areas where the provider should make improvement are:

- Review the processes for ensuring relevant staff receive learning outcomes from significant events.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The provider is rated as good for providing safe services.

- We found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the provider.
- Due to the community based nature of the services provided, some staff reported they did not frequently attend meetings where feedback from significant events was discussed. There were alternative feedback mechanisms in place.
- When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The provider had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The provider had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Good

The provider is rated as good for providing effective services.

- Staff were aware of current evidence based guidance.
- Clinicians and care staff had remote access to information required in the delivery of services. They were able to share information remotely to ensure GP providers and other services had access to care data.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Care was coordinated with external services where necessary including health, voluntary sector and social support services.
- provider

Are services caring?

Good

The provider is rated as good for providing caring services.

Summary of findings

- Data from internal surveys and the friends and family test showed patients rated the services provided highly for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- Feedback showed staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The provider is rated as good for providing responsive services.

- The provider understood its population profile and had used this understanding to meet the needs of its population.
- Assessments of patients' needs included impact of a patient's condition on their daily lives, including any hospital admissions and the needs of their carers.
- There were portfolios of local support organisations to which staff could refer patients.
- Patients we spoke with and survey data indicated they could access the service when needed for any ongoing support needs. The provider prioritised home visits based on the type of service they were requested to provide. The staff who work on the service provided assessments of patients' needs, diagnose problems which may require other professional care or treatment or provide care directly to those patients. This ensured patients saw the right staff at the right time.
- Staff had access to the facilities they needed to treat patients and meet their needs.
- Information about how to complain was available and evidence from the examples we reviewed showed the provider responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The provider is rated as good for being well-led.

- The provider had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The provider had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The leadership team encouraged a culture of openness and honesty. The provider had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The leadership team proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. provider
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority.

Summary of findings

The six population groups and what we found

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

Older people

Good

The provider is rated as good for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The provider offered proactive, personalised care to meet the needs of the older patients. The hospital at home service assessing their circumstances and delivered tailored care to meet their needs.
- The home visiting service was organised in coordination with GP practices, enabling the information staff needed to be shared in a timely way.
- As part of the services delivered the provider followed up on older patients discharged from hospital and ensured that their care plans met their needs and identified any additional requirements.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- During assessments of patients' needs the collaborative care team and hospital at home teams assessed the impact of a patient's condition on their daily lives including any hospital admissions and the needs of their carers.

Families, children and young people

Good

The provider is rated as good for the care of Families children and young people.

- Neighbourhood access / GP access hubs provided children with quick access to GP and nurse appointments that they may not otherwise be able to access at their own registered GP practice.
- GPs and nurses were trained in safeguarding children and had access to information making referrals to local safeguarding teams.
- Staff received training on obtaining consent from patients under 16 years old and had access to guidance.

Working age people (including those recently retired and students)

Good

The provider is rated as good for the care of Working age people (including those recently retired and students)

Summary of findings

- Neighbourhood access / GP access hubs provided working age people with quick access to GP and nurse appointments that they may not otherwise be able to access at their own registered GP practice. This enabled consultations and care for acute problems that were not related to the ongoing care for any long term conditions.
- Staff across all the services were facilitated to signpost patients to, where appropriate, to public health programmes such as smoking cessation and weight management.

People whose circumstances may make them vulnerable

Good

The provider is rated as good for the care of people whose circumstances may make them vulnerable.

- Help and information was provided to support daily living including signposting to financial help charities, allowance applications, blue badge applications for patients with disabilities, an emergency carers' service and befriending services.
- Staff were facilitated to signpost patients to, where appropriate, public health programmes such as smoking cessation and weight management.
- All staff were able to access translation services for patients that required this.
- There was access to interpreters for patients requiring signing.
- Assessments of any patients' sensory impairments were undertaken on or before the provision of care and access to the service. For example, the hospital at home service used warning alerts to notify if a patient was unable to utilise the phone through hearing impairment and thus how communication was facilitated.
- The provider regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

People experiencing poor mental health (including people with dementia)

Good

The provider is rated as good for the care of people experiencing poor mental health (including people with dementia).

Summary of findings

- The provider was taking part in an initiative along with other providers to support patients with potential mental health needs. Specifically anxiety and depression associated with specific long term conditions. This was partly aimed at identifying training that would benefit staff to support patients.

Summary of findings

What people who use the service say

The provider undertook surveys including the friends and family test. The results from their combined friends and family test and survey showed the following from January to March 2017:

Hospital at home care:

- Out of 12 patients 10 felt involved in decisions on their care, with two stating they were involved some of the time.
- All 12 patients knew who to contact at the service if they needed to.
- All 12 patients rated the service outstanding.
- The friends and family test showed all 12 patients who responded were likely or highly likely to recommend the service.

Neighbourhood GP hub service

- On the friends and family test so far in 2017 96% of patients were highly likely to recommend the service and 99% either very likely or likely.

As part of our inspection we also asked for CQC comment cards to be completed by patients who used the neighbourhood access hubs prior to our inspection. All of the seven patient Care Quality Commission comment cards we received from the neighbourhood hubs were positive about the service experienced. Patients said they felt the provider offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 11 patients who had received one of the various services we reviewed as part of our inspection. They told us they were satisfied with the care provided and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Principal Medical Limited Registered Office

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team included a lead CQC Lead Inspector a GP specialist adviser, two additional CQC inspectors, and a practice nurse specialist adviser.

Background to Principal Medical Limited Registered Office

Principal Medical Limited is a GP federation providing specific services for the majority of GP practices in Oxfordshire and also South Northamptonshire. It has been owned by GPs since being created in 2004 and run by a variety of clinical and non-clinical staff. They deliver services directly as well as sub-contracting services to GP practices. All the staff who deliver services for Principal Medical Limited are employed. In addition there are regular locum GPs used when required on the neighbourhood access hubs. Approximately 70% of GP providers in Oxfordshire and 30% in Northamptonshire are affiliated in terms of federated or shared services with Principal Medical Limited. This means they use the provider for delivering aspects of their patients care.

Principal Medical Limited provides the following services directly to patients registered with GP practices:

- The Primary Care Visiting Service provides care to patients registered at GP practices in Oxfordshire and Northamptonshire who benefit from early home visits from specifically trained staff. These were provided during normal working hours. The staff who work on the service can provide assessments of patients' needs, diagnose problems which may require other professional care or treatment or provide care directly to those patients. Of these patients 90% are aged 65 and over with the largest proportion aged between 86 and 90 years. There are approximately five whole time equivalent (WTE) staff providing care on this service.
- Those patients who use the hospital at home service receive a variety of support, primarily from nursing staff but, also assistant practitioners (staff with a healthcare diploma) and support workers. The patients could access care such as dressing changes, intravenous medicines and support with care planning. Of these patients, 86% are aged 65 and over with the largest proportion aged between 86 and 90 years. There are eight whole time equivalent staff providing care in this part of the service. There were 5.4 WTE clinical staff including nurses and 2.2 WTE care assistant and support workers providing care on this service. The provider takes responsibility for the provision of care they provide but the overall duty of care to patients remains with their GP practice and any other services responsible for their ongoing needs.
- The primary care hubs (neighbourhood access hubs) provide GP and nurse appointments to support GP providers and patients across Oxfordshire. The hubs are provided in Witney, Banbury and Bicester. Any patient registered with a GP practice within these areas can access the hubs through working agreements between the practices and Principal Medical Limited. The

opening times vary across these sites but the service is available in Oxfordshire from 8am to 8pm seven days a week. GPs and nurses are employed across various times to support the service.

The provider also supports general practice with various other services including counselling, a collaborative care team and public health services. These services are either sub-contracted directly to GP practices, who are responsible for delivering and monitoring these services or are out of scope of CQC regulated activities. Where sub-contracting arrangements occur practices are solely responsible for the provision and monitoring of this service Therefore these services have not been included in this inspection.

- The collaborative care team supports patients who are in need of specific care planning including social interventions such as adaptions in their homes. These patients can be compromised by social isolation, long term conditions and disabilities. Of these patients 90% are aged 65 and over with the largest proportion aged between 86 and 90. There are 3.5 whole time equivalent staff providing care within this service.
- The public health services include contraceptive, sexual health screening and immunisation programmes.
- The counselling service falls outside the scope of registration in relation to any CQC regulated activities.
- In addition some of the GP neighbourhood access hubs are subcontracted directly to GP practices to deliver the service.

The provider was inspected in 2013 under the previous CQC methodology. No breaches of regulation were identified 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 provider. We carried out announced visits on 21 and 22 March 2017. During our visits we:

- Spoke with a range of staff across a variety of services, including emergency care practitioners, nurses, assistant practitioners, support staff, GPs and the senior leadership team.
- Visited the provider's main premises and access GP access hubs in Witney and Bicester, which are provided from GP practices.
- We spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members over the phone.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the provider used to deliver care and treatment plans.

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?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- working age people (including those recently retired and students)
- Families children and young people.
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

Good

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they understood how to report significant events. We saw there was a log of significant events and this was used to track progress through investigation and learning process.
- From the sample of documented examples from 2016 and 2017 we reviewed we found that clinical governance reviews were undertaken for significant events related to care and treatment.
- When things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence that lessons were shared and action was taken to improve safety by the provider. For example, referral notes requiring faxing to a hospital had not been sent by staff. This identified a training issue for the staff involved and we noted training was provided.
- Some staff who provided the home visiting service stated it was difficult to attend team meetings and this was where significant event outcomes were discussed. Staff involved in any reported events told us they were individually fed back to by line managers. However, the system for this feedback may have missed other relevant staff from receiving learning outcomes from such events.
- We also saw examples where incidents and events which related to external services were reported to the relevant stakeholders. For example, when a patient was found to have collapsed during a visit, the service presented a chronology of contacts with other services to the patient's GP practice to enable them to undertake their own significant event analysis. Any elements of the chronology which related to Principal Medical Limited were investigated internally also.
- The provider also monitored trends in significant events and evaluated any action taken.
- Medicine safety alerts were emailed to staff once received. Where any action was required to check the use of medicines subject to alerts this was undertaken by various lead staff across the services provided.

Overview of safety systems and processes

The provider had clearly defined and embedded systems, processes and providers in place to minimise risks to patient safety.

- Arrangements for safeguarding 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 were able to report concerns quickly via the provider's reporting mechanism.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses received level two child safeguarding training. Staff informed us they were given information on female genital mutilation (FGM). Information and guidance was provided for safeguarding and making referrals to local authorities for agency staff (if agency staff were used it was predominantly used on the GP neighbourhood access hubs).
- There was a chaperone policy including chaperoning taking place in patients' homes. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check, including any non-clinical staff. (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 use of non-clinical chaperones was risk assessed and guidelines included in the policy.

The provider ensured appropriate cleanliness and hygiene processes were followed in the provision of services.

- We observed neighbourhood access hubs were clean and tidy. There were cleaning schedules and monitoring systems in place.
- There was infection prevention and control (IPC) protocol and staff had received up to date training. Each of the different service types had an infection control

lead who undertook annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. This included the following of infection control guidance in patients' homes in regards personal protective equipment, disposal of clinical waste and maintaining hand hygiene. The sharps bins in use at the various hub sites were overdue replacement as per national guidance on the length of time they may be stored before disposal. The provider rectified this immediately and amended their infection control policy.

- The arrangements for managing medicines, including emergency medicines, in the provider minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). Medicines stored at the main sites and taken into patients' homes were regularly checked to ensure they were within expiry dates. These were stored securely.
- A vehicle used by the service for home visiting was checked regularly to ensure that it was safe to use. A sharps bin stored on the vehicle was empty when we checked and we were informed it would be removed once filled to its maximum mark or when it had passed its viable storage date, it would be replaced.
- There were processes for handling prescriptions at neighbourhood access hubs. Prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses working on the hospital at home service had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted for staff working in patients' homes and for nurses working in hubs, to allow nurses to administer medicines in line with legislation. Non-clinical staff such as assistant practitioners did not administer medicines.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We saw a log of agency staff was kept which contained the required recruitment and staff checks. For example, locum GPs' registration on the medical performer's list and DBS checks were recorded.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available which staff were aware of.
- The neighbourhood access hubs in Oxfordshire we visited included Witney and Bicester. We saw that fire risks had been assessed and mitigated. The provider's main site had a comprehensive risk assessment. There was fire safety training provided to staff including how to manage risks in patients' homes.
- All electrical and clinical equipment used in patients' homes or across the various hubs was checked and calibrated to ensure it was safe to use and was in good working order. This included medical equipment purchased for use in the community.
- The provider had a variety of other risk assessments to monitor safety of the premises such as lone working assessments with actions to reduce identified risks. For example, cross infection risks were identified and comprehensive personal protective equipment was provided. There was a risk assessment for the use of intravenous medicines which enabled staff to identify any problems quickly.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Staff informed us they offered flexibility in working across different areas to cover any absences when required. They informed us the provider also offered employees flexibility in their working arrangements.

Arrangements to deal with emergencies and major incidents

The provider had adequate arrangements to respond to emergencies and major incidents.

- Staff were provided with personal alarms for their own safety.

Good

Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in rooms where GP hubs were provided.
- The different hub sites had defibrillators available and oxygen with adult and children's masks. A first aid kits and accident books were available.
- Emergency medicines were easily accessible to staff in secure areas of the hubs and all staff knew of their location. The provider was in the process of consolidating all emergency medicines into one easily movable bag / trolley as part of a review of their emergency medicines. All the medicines we checked were in date and stored securely.
- The provider had a comprehensive business continuity plan for major incidents such as power failure or building damage. There were individual plans for the different services provided. For example, there was individual planning for events which may affect the ability of community services to continue to provide services and the impact on patients.
- There were also pathways for staff to follow if they could not make contact with a patient when attending a home visit. This enabled quick decision making in order to involve the police if necessary.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best provider guidelines.

- The provider had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE, local referral guidance and formularies via computer tablets issued by the provider. They were able to use this information to deliver care and treatment that met patients' needs.
- The provider monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- We looked at assessments from consultations and home visits across the variety of services provided and saw appropriate recording of assessment of patients' needs and planning of their care.
- Summaries of patients' care and treatment needs were sent to staff from GP providers and were accessible via computer tablets. Our inspection team saw the information provided for visits and noted that it provided the details necessary to enable safe and effective care. For example, summaries of medical histories and allergies. Therefore staff who visited patients in their homes could access the information they needed. Once visits were completed they were also able to communicate summaries of their actions and treatment provided to patients' GPs via the tablets.
- Staff who undertook home visits informed us they felt well prepared when visiting patients in their home. For example, they told us that there were assessment criteria for when two staff may be required. Staff understood their remit and the limitations of what they were able to do when providing care in the community.

Management, monitoring and improving outcomes for people

The provider reviewed their services through various means, including contract review data which was reviewed by NHS England, audits, services user feedback and staff appraisal. We saw that this monitoring led to improvements in the service, even where standards were already high. For example:

- Early visiting service data showed that 621 patients had been referred to the service in January 2017 of which168 were on admissions avoidance registers. Audits were undertaken on individual members of early visiting team. We saw an example of one audit from February 2017 where any instances of poor recording of consultations or other issues were noted in the audit and then discussed with the staff member to support them to improve their practice in future.
- Contract monitoring data on the GP Neighbourhood hubs showed that 1691 patients had used the service in January 2017. Clinical audit included monitoring performance of GPs working at hubs by selecting a number of consultations and reviewing the outcomes. The audits covered documentation, prescribing behaviour and the basis for diagnoses. Where GPs did not meet the required performance levels they were assessed for any support or training needs and re-audited following any actions. There was also auditing of referrals in 2016 to other services to deduce whether alternatives to hospital care were utilised where possible. The outcomes were communicated with GPs.
- The hospital at home service was monitored by a quarterly audit. The most recent audit data we reviewed was up to July 2016. The audit included a variety of indicators. For example, the appropriate recording of assessments and action plans for patients. We saw that where improvements were required from 2015, which related to moving and handling and nutritional assessments, there had been significant improvement up to July 2016. For example, appropriately recorded nutritional assessments had increased from 65% at the end of 2015 to 92% in July 2016.
- The hospital at home service also provided regular contract monitoring data. We looked at data up to and including February 2017. We saw that key performance indicators were consistently met, including GP satisfaction with the service, no instances of pressure area concern and patient experience had been maintained at over 70% (92% was achieved in February 2017). We saw one indicator indictor related to supporting timely discharge from hospital had increased from 81% in December 2016 to 92% in February 2017. The target was 70%.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The provider had an induction programme for all newly appointed staff. We spoke with staff about their inductions. They commended the comprehensive nature of the programme. There were practical elements to the induction for staff working in patients' homes where staff shadowed experienced members of staff on home visits. GPs working on the neighbourhood access hubs were given locum packs and information on internal policies and local referral pathways. The programme also covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The provider could demonstrate how they ensured role-specific training and updating skills for relevant staff. For example, assistant practitioners (staff with a specific healthcare assistant qualification) had their competency assessed to ensure they were consistently performing care tasks correctly.
- GPs had their competencies assessed via individual audits which were fed back to them at appraisals. The learning needs of staff were identified through a system of appraisals and these were undertaken annually. We looked at examples of recent appraisals. In addition meetings took place and regular informal communication between team leaders and staff to identify any support or learning needs. The provider also ensured agency staff had the skills and experience necessary to provide care. Staff told us they could access additional training to meet their learning needs and to cover the scope of their work. This included support in their professional development such as additional diplomas.
- 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 programme of training was reviewed during the appraisal process.

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 electronic information and record system. There was access to care pathways, guidance and policies when away from the main sites where hubs were provided and the bases for staff who provided care in the community.

- Staff who worked on the hospital at home and primary care visiting team service could access summaries of patients' needs including relevant medical histories, contribute to care plans and discharge planning and feedback additional information to relevant services following consultations. Primarily their communication was between hospitals and GP practices but also community services such as district nurses.
- From the sample documented examples we reviewed we found that the provider shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff who visited patients in their homes liaised with specialists such as respiratory and diabetes specialist nurses in delivering care to patients.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs. Following hospital discharges the hospital at home service were often asked to help plan and manage patients return to their homes, in order to maximise their independence and reduce the risk of re-admission to hospital.

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.
- There was a comprehensive consent policy which included appropriate means of providing consent, withdrawing consent and legal frameworks such as Gillick competency (assessing the ability to consent for a patient who is under 16) and 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.

Supporting patients to live healthier lives

The hospital at home service identified patients who may be in need of extra support and signposted them to relevant services. For example:

Good

Are services effective?

(for example, treatment is effective)

- Those requiring advice on their diet and smoking cessation advice.
- Staff could refer to services and support groups which assist patients with their mobility and therefore their ability to remain active.
- Smoking cessation advice was available from a local support group.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection of the three neighbourhood GP access hubs provided directly by the provider we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

All of the seven patient Care Quality Commission comment cards we received from the neighbourhood GP access hubs were positive about the service experienced. Patients said they felt the provider offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 11 patients who had received one of the various services we reviewed as part of our inspection. They told us they were satisfied with the care provided and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Survey data from 2016 showed out of 22 patients who responded all of them felt treated with dignity and respect. Of those 21 also stated they had confidence and trust in the staff delivering their care.

Care planning and involvement in decisions about care and treatment

Patients who received all the types of services we inspected 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 and visits 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. We also saw that care plans were personalised.

Out of 22 patients surveyed in 2017, 17 stated they had enough time to discuss their needs with staff and 19 said they were involved in care decisions.

The provider provided facilities to help patients be involved in decisions about their care:

Staff told us that interpretation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Patient were provided with information leaflets and referred to support groups and organisation. Support for isolated or house-bound patients included signposting to relevant support and voluntary services.

Assessments of carers' needs were included in care planning for patients. This was to identify what additional support carers may require in helping them to care for their relatives and what support they may need to cope.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The provider understood the profile of its patients and had used this understanding to meet the needs of its patients:

- The collaborative care team (CCT) service worked with patients to identify means of improving their social and health support needs. They could access a portfolio of services to refer patients for assessments and support. The service employed a variety of professionals including nurses and occupational therapists (OTs). This enabled the provider to allocate the appropriate professionals to support a patient.
- GP providers could request a visit from a member of the CCT and staff informed us they were usually able to attend and review patients the next day. The staff also informed us they were not limited to any time restrictions in assessing patients' needs. One staff member provided an example of a patient who required an OT assessment which via a referral to the commissioned OT service may have taken several weeks. An OT from the CCT visited the patient the next day and identified an immediate improvement to their home which was implemented immediately. This improved the patient's independence.
- Help and information was provided to support daily living. This included signposting to financial help charities, disability allowance applications, blue badges for patients with mobility issues, an emergency carers' service and befriending services.
- The provider was taking part in an initiative along with other local providers to support patients with potential mental health needs of patients with long term conditions, aimed at better identification of any mental health needs among these patients.
- Staff were able to signpost patients to, where appropriate, to public health programmes such as smoking cessation and weight management.
- There was access to interpreters for patients requiring British sign language support.
- Assessments of any patients' sensory impairments were undertaken on or before the provision of care and access to the service. For example, the hospital at home service used warning alerts to notify if a patient was unable to utilise the phone through hearing impairment and how communication could be facilitated.

Access to the service

The neighbourhood access hubs operated a service across Oxfordshire, which covered 8am-8pm. Patients could only be referred to the hubs from their own GP practices. The hubs had car parking available, were accessible for patients with limited mobility and had receptionists to support patients. All other services we reviewed were provided in patients' homes and accessed via referrals from GP providers.

Of 22 patients surveyed who received care in their homes from the provider, 21 knew who to contact if they needed support or assistance during normal working hours. Of 12 patients who responded to a question asking whether patients felt they had been supported to access other services, nine reported they had and three said they had been to some extent.

The primary care visiting service and hospital at home service had a system to assess:

- What home visits may require in terms of resources and timings.
- The urgency of the need for medical attention was assessed in coordination with GP practices.
- An ability to share information electronically with staff and outcomes of home visits with GP practices.

Listening and learning from concerns and complaints

The provider had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for healthcare providers.
- There was a designated responsible person who handled all complaints about the provider.
- We saw that information was available to help patients understand the complaints system was available on the provider's website and at the hubs.
- Information on how to escalate concerns externally was not clearly available on the provider's website. This was amended on the website immediately after the inspection.

We looked at three complaints received related to different services provided in the last 12 months and found saw these were satisfactorily handled, dealt with in a timely way with openness and transparency. For example, a patient requiring an x-ray was not appropriately referred by a GP

Good

Are services responsive to people's needs?

(for example, to feedback?)

working in an access hub. The appropriate referral form and pathways were shared with all GPs to ensure they knew how to refer to x-rays in the future. Lessons were learned from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- Principal Medical Limited had a board structure with directors, which oversaw a management team and governance group. The roles of the senior team were clearly defined. There were team leaders for each of the distinct services provided. Ultimately decision making at a corporate level sits with directors and the CEO. However, staff noted a bottom up approach to decision making on the design and where necessary changes to the design of services were required.
- The provider had a mission statement which included an aim to provide high quality, cost effective community based healthcare where it can develop, enhance and improve services, for the benefit of patients. It stated the provider aimed to do so by being supported by, directed by and integral to the work of local clinicians.
- Staff were aware of the strategy and vision and they were involved in developing the provider's strategy through their delivery services.
- Leaders informed us that as they organisation was 'not for profit' and therefore their focus was on the delivery of services not on making profits.

Governance arrangements

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

- There was a designated staffing structure for the various services provided and an overarching leadership team. Staff were aware of their own roles and responsibilities. Team leaders were supported to lead the various service teams and were able to work with the senior leadership team to implement changes when required.
- Provider specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the provider was maintained through contract monitoring undertaken by commissioners and internally via audit, patient feedback and learning as a result of incidents and events.
- Provider meetings were held regularly, although due to the nature of the services some staff were not always able to attend. Staff told us communication was maintained despite this difficulty through informal meetings, emails, phone calls and other channels.
- A programme of continuous audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The significant event process ensured any learning or required changes were put into practice. Where necessary incidents were reported with external providers so they could implement any learning outcomes.

Leadership and culture

The board of directors and team leaders demonstrated they had the capacity and capability to manage the services provided and ensure high quality care. They maintained safe and effective standards of care when commissioning arrangements meant that staff contracts were often short. This led to difficulties in retaining staff and employing new staff. They worked towards and achieved a level of staff retention which ensured dedicated staff were working on delivering services to patients. Staff told us they felt the culture of the organisation drove them towards wanting to stay with the provider and motivated their dedication to the services they provided. They explained the provider's approach to them was to enable flexibility in their working arrangements and in turn staff felt able to provide flexibility in providing cover and other additional tasks.

The provider was aware of and had systems 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 communicating with patients when they raised concerns or were the subject of significant events. The provider openly reported safeguarding and other incidents which were notifiable to CQC. There was a culture of openness and honesty.

During the inspection we found that the service had systems to ensure that when things went wrong with care and treatment:

Are services well-led?

Good

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

- The provider gave affected people reasonable support, truthful information and a verbal and written apology.
- The provider kept written records of verbal interactions as well as written correspondence.

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

- The provider held and minuted a range meetings and other communication including meetings with external clinicians and services such as district nurses, GPs and social workers.
- Staff told us there was an open culture within the provider and they had the opportunity to raise any issues at team meetings or with their line manager via phone or email. They felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop services, and leaders encouraged all members of staff to identify opportunities to improve the service delivered by the provider.

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

The provider encouraged and valued feedback from patients and staff. It proactively sought feedback by:

- The provider undertook the friends and family test for each of the services it provided. For the neighbourhood GP hub service 96% of patients were highly likely to recommend the service and 99% either very likely or likely. The friends and family test showed all 12 patients who responded were likely or highly likely to recommend the service.
- Internal surveys showed that patients across all services were highly satisfied with the services provided. For example, 95% of patients rated the service as good or outstanding, with the majority rating it as outstanding.

Continuous improvement

Staff were encouraged to discuss proposals and improvements with leaders. They said their suggestions were valued and considered. Similarly patient feedback was used to improve the services provided. For example:

- Where improvements to practice were identified as required, action was taken. For example, a complaint was received regarding a patient with a fracture who had not been correctly diagnosed by a member of staff. The provider arranged a number of supervision sessions with the clinician involved to support them in assessment of any similar injuries in the future.