

Derbyshire Health United Ashgate Manor Primary Care Centre

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.

Summary of findings

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Summary of findings

Overall summary

We carried out an announced comprehensive inspection at Ashgate Manor primary care centre on 10 November 2015. We also visited Buxton Hospital and Chesterfield Royal Hospital primary care centres. Overall the service is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff knew how to and understood the need to raise concerns and report incidents and near misses.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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. Patient information was available in different languages.
- Complaints were fully investigated and patients responded to with an apology and full explanation.
- Patients said they found it easy to make an appointment and were offered a time and a place that suited them.

- The primary care centres had excellent facilities and was well equipped to treat patients and meet their needs. Vehicles used for home visits were clean and well equipped.
- There was a clear leadership structure and staff felt supported by the senior management team.
- The provider proactively sought feedback from staff and patients, which it acted on.
- There were innovative approaches to providing integrated person-centred care. Rightcare plans were developed by the patient's GP and shared with the Out-of-Hours GP service for clinically high demand patients, including nearing end of life and those with complex health needs. Special notes were used to record relevant information about patients.
- There was robust safeguarding systems in place for both children and adults at risk of harm or abuse.
- There was excellent clinical supervision and appraisal processes in place for all clinical roles including regular audit of individual's clinical practice and reflective feedback.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- The provider must ensure there are effective and robust systems in place across all locations for the control and security of blank prescriptions.

Professor Steve Field CBE FRCP FFPH FRCGP

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 provider is rated as requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording serious incidents.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The service had clearly defined systems, processes and practices in place to keep patients safe from harm and abuse. Staff understood their responsibilities and had received training relevant to their role.
- The provider had in place robust and rigorous systems to ensure that people seeking to work at DHU were appropriately recruited and vetted to ensure their eligibility and suitability for their role.
- Risks to patients were assessed and well managed.
- Vehicles used to take clinicians to patients' homes for consultations were well maintained, cleaned and contained appropriate emergency medical equipment.
- Prescriptions were not always stored securely at all locations. There was a process in place to record distribution of blank prescriptions from Ashgate Manor to other locations however, not all locations had a process in place to control and record receipt of prescriptions.

Are services effective?

The provider is rated as good for providing effective services.

Good



- Our findings at DHU showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- There was evidence of clinical audit, clinical supervision and reflective feedback processes for all clinical staff to ensure the delivery of high quality patient care.
- Staff received training relevant to their roles and were up to date with all mandatory training.

Summary of findings

- The service worked closely with patients' own GPs and information was shared with the out of hour's service through Rightcare plans and special notes, ensuring that the patient's needs and wishes were known.

Are services caring?

The provider is rated as good for providing caring services.

Good



- Data showed that patients rated the service similar to or above others in relation to the care they received.
- Patients said they were treated with dignity and respect by helpful, polite and caring staff. Patients were satisfied that they were involved in decisions about their care and treatment.
- We saw evidence of a 'Derby City 'Dignity Campaign' certificate of achievement' in recognition of their work to promote dignity and respect.
- Information for patients about the services available was easy to understand and accessible. Patient information leaflets were available in numerous different languages for patients whose first language was not English, patients also had access to interpreter services.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality at all times.

Are services responsive to people's needs?

The provider is rated as good for providing responsive services.

Good



- The provider undertook continuous engagement with patients to gather feedback and held regular patient and public involvement sub-committees to review suggestions for improvements. Changes were made to the way it delivered services as a consequence of this feedback. Patient satisfaction, patient safety, friends and family test results and Healthwatch information were also discussed.
- The service understood the needs of the population it served and engaged with the local Clinical Commissioning Group to provide services that were responsive to the needs of the population.
- Rightcare plans were developed by the patient's GP and shared with the out of hours GP service for clinically high demand patients including patients with long term conditions and complex health needs. Calls received from patients identified as having a Rightcare plan were prioritised as urgent and transferred directly to a clinician for assessment. Special notes were used to record relevant information about patients.

Summary of findings

- Patients said they found it easy to make an appointment and were offered appointments at a time and location that suited them.
- Information about how to complain was available and easy to understand. Evidence showed that the service responded quickly and sensitively to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- It had a clear vision with quality and safety as its top priority. The service was responsive to feedback and used performance information proactively to drive service improvements.
- The views of patients were taken into account and acted upon through active public engagement.
- The service had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance and performance management framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The senior management team encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a strong focus on continuous learning and improvement at all levels, staff were encouraged to continually learn and develop their skills.

Good



Summary of findings

What people who use the service say

Results from the GP Patient Survey published in July 2015 (collected during July 2014 to September 2014 and January 2015 to March 2015) showed that patients' satisfaction with how they could access care and treatment was comparable with or above the England average. For example:

- 73.1% of patients in NHS North Derbyshire Clinical Commissioning Group felt they received care quickly from the Out-of-Hours GP service, whereas 58.4% of patients in NHS Southern Derbyshire CCG felt they received care quickly, compared to the England average of 60.7%.
- 87.9% of patients in NHS North Derbyshire CCG and 80.8% of patients in NHS Southern Derbyshire CCG said they had confidence and trust in the Out-of-Hours GP service clinician they saw or spoke with, compared to the England average of 80.7%.

- 79.1% of patients in NHS North Derbyshire CCG and 73% of patients in NHS Southern Derbyshire CCG described their experience as good overall compared to the England average of 68.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 54 comment cards which were all positive about the standard of care received. Comments told us that patients felt that staff were caring and they were treated with dignity and respect. Other comments told us that patients were extremely happy with the waiting time for appointments and were seen very quickly.

We spoke with two patients during the inspection. Both patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure there are effective and robust systems in place across all locations for the control and security of blank prescriptions.

Derbyshire Health United Ashgate Manor Primary Care Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector and a practice nurse specialist advisor.

Background to Derbyshire Health United Ashgate Manor Primary Care Centre

Derbyshire Health United (DHU), is a social enterprise and not for profit organisation that holds the contract to deliver the integrated NHS 111 and Out-of-Hours service for Derbyshire with a headquarters based in Derby. This service is commissioned by North Derbyshire Clinical Commissioning Group on behalf of the North Derbyshire, South Derbyshire, Hardwick and Erewash Clinical Commissioning Groups.

DHU provide a GP Out-of-Hours service for over one million people living in Derbyshire across 13 primary care centres including Ashgate Manor primary care centre which is based in Chesterfield. Patients access the Out-of-Hours service by telephoning the NHS 111 service, where their medical need is assessed based on the symptoms they report when they call. If patients need to be seen by a

clinician, appointments are booked directly at the most convenient primary care centre, or a home visit requested. The timing of appointments is prioritised according to patient need.

In 2013-2015 DHU saw a total of 370,635 patient contacts across all 13 primary care centres compared to 284,506 in 2011-2013. These results have shown a growth of 30.3%.

The primary care centres are located at:

Ashgate Manor, Ashgate Road, Chesterfield, Derbyshire, S40 4AA

Buxton Hospital, London Road, Derbyshire, SK17 9NJ

Derby Urgent Care Centre, Osmaston Road, Derby, E1 2GD

St Oswald's Hospital, Clifton Road, Ashbourne, Derbyshire, DE 6 1DR

Bolsover Hospital, Wellbeck Road, Bolsover, Derbyshire, S44 6DH

Chesterfield Royal Hospital, Calow, Chesterfield, Derbyshire, S44 5BL

Clay Cross Hospital, Market Street, Clay Cross, Derbyshire, S45 9NZ

Ilkeston Hospital, Heanor Road, Ilkeston, Derbyshire, DE7 8LN

Long Eaton Health Centre, Midland Street, Long Eaton, NG10 1NY

North High Peak UCC, Hyde Bank Road, New Mills, High Peak, Derbyshire, SK22 4BP

Detailed findings

Ripley Hospital, Sandham Lane, Ripley, Derbyshire, DE5 3HE

Swadlincote Clinic, Civic Way, Swadlincote, Derbyshire, DE11 0AE

Whitworth Hospital, 330 Bakewell Road, Matlock, Derbyshire, DE4 2JD

At the time of our inspection DHU engaged the services of 194 GPs working across all 13 locations who were employed on a sessional basis. DHU also employs salaried GPs, nurse practitioners, health care assistants/ phlebotomists, drivers and were supported by co-ordinators and non-clinical staff.

DHU have various lead roles across all their locations including a clinical lead for Out-of-Hours, service leads, data protection lead, director on call 24 hours per day, Caldicott guardian, infection control lead, medicines lead and safeguarding leads for both adults and children.

Ashgate Manor is one of three call centres including Mallard House in Derby and Fosse House in Leicester. Ashgate Manor consists of a NHS 111 call handling centre and a primary care out of hours service both located within the same building. Patients access the Out-of-Hours service via NHS 111. Calls from NHS 111 are received, assessed and triaged by trained staff including clinical advisors at either Ashgate Manor, Mallard House or Fosse House and patients who need to be seen are allocated an appointment at one of 13 primary care centres or as a home visit. Patients may also receive a telephone consultation with a clinician.

The Out-of-Hours service is available from 6pm until 8am Monday to Thursday, from 6pm Friday through to 8am Monday and on Public Holidays and is supported by a Clinical Director, Deputy Clinical Director and Director of Nursing and Quality.

During our inspection of Ashgate Manor primary care centre we also visited two primary care locations at Buxton Hospital and Chesterfield Royal Hospital.

DHU was last inspected in February 2014 as part of the pilot project carried out by CQC. The inspection focused on the Out-of-Hours service provided from the call centre and primary care centre at Ashgate Manor, and the primary care centre at Chesterfield Royal Hospital. We did not inspect the 'District Nursing Evening and Overnight' services as part of this inspection.

Why we carried out this inspection

We inspected this service as part of our new 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. 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

We carried out an announced visit to Ashgate Manor, Buxton Hospital and Chesterfield Royal Hospital primary care centres on 10 November 2015. The purpose of the inspection was to report on the GP Out-of-Hours service provided by DHU. The service was accessed via the NHS 111 system, assessed and triaged by trained staff including clinical advisors, patients who needed to be seen by a clinician were either given an appointment to visit a primary care centre or offered a home visit if appropriate.

A separate report has been written for the NHS 111 service which was also provided from this location.

Before visiting, we reviewed a range of information we held about the out of hours service and asked other organisations to share what they knew about the service. We also reviewed information that we had requested from the provider and other information that was available in the public domain. During our inspection we:

During our inspection we:

- Visited Ashgate Manor, Buxton Hospital and Chesterfield Royal Hospital primary care centres during the evening of 10 November 2015.
- Spoke with members of the DHU Board and Executive Team, including a number of non-executive directors.

Detailed findings

- We spoke with a range of clinical and non-clinical staff including nurse practitioners, receptionist/health care assistants, drivers, GPs and administrative staff. We also spoke with the Clinical Director, Deputy Clinical Director and Director of Nursing and Quality.
- We spoke with two patients who used the service.
- We reviewed 54 CQC comment cards where patients shared their views and experiences of the service.
- We conducted a tour of the three primary care centres and looked at vehicles used to transport clinicians to consultations in patients' homes.

- We reviewed a range of information made available to us.

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?

Are services safe?

Summary of findings

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

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The service had clearly defined systems, processes and practices in place to keep patients safe from harm and abuse. Staff understood their responsibilities and had received training relevant to their role.
- The provider had in place robust and rigorous systems to ensure that people seeking to work at DHU were appropriately recruited and vetted to ensure their eligibility and suitability for their role.
- Risks to patients were assessed and well managed.
- Vehicles used to take clinicians to patients' homes for consultations were well maintained, cleaned and contained appropriate emergency medical equipment.
- Prescriptions were not always stored securely at all locations. There was a process in place to record distribution of blank prescriptions from Ashgate Manor to other locations however, not all locations had a process in place to control and record the receipt of prescriptions.

Our findings

Safe track record and learning

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

- Staff told us if they had been affected by significant events they reported the event including concerns regarding patient safety or any other incidents via the electronic 'Datix' system.
- The provider carried out an analysis of the significant events reported via 'Datix'.
- Staff spoken with told us that they received feedback on significant events and incident reports and they were able to give examples of shared learning.
- Three serious incidents had been reported between October 2014 and September 2015 for the Out-of-Hours GP service. We reviewed the records relating to these.
- Serious incidents and patient safety incidents were reviewed at the monthly quality and patient safety sub-committee meeting. Serious incidents were investigated by the Head of Integrated Governance / Deputy Head and discussed with the Clinical Commissioning Group Quality Lead.
- Learning from significant events was shared with individual staff as required and with all staff via the monthly clinical update.
- Urgent communication with clinicians was facilitated via 'pop ups' on the computer desktop when clinicians logged in for their shift. We saw that the provider had identified that a lack of adequate safety netting had been judged as a contributory factor in a number of significant events. Guidance had been issued to staff via the clinical update on the importance of safety netting and recording the information in the patients' notes. We reviewed the outcome of two complaints and one serious incident which highlighted the need for improved safety netting for patients. A robust safety netting advice system was implemented following these incidents.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to

Are services safe?

all staff. Clear information was available outlining who to contact for further guidance if staff had concerns about a patient's welfare. Flowcharts were available to guide staff when making a referral and contact numbers were easily accessible. Staff were supported by named safeguarding leads for children and adults. The safeguarding leads attended regular safeguarding meetings when possible and always provided reports where necessary for other agencies including a monthly report for the Board. A process was in place to review each safeguarding referral made. The lead also updated staff on a regular basis via email providing guidance on various safeguarding topics such as human trafficking and sexual exploitation. Staff spoken with demonstrated they knew who the safeguarding leads were, understood their responsibilities and had received training relevant to their role.

- Special notes were used to identify if children were at risk, for example children on child protection plans, or were vulnerable adults, for example residing in a care home or patients with a learning disability. Systems were also in place to report concerns to health visitors or school nurses for further assessment. The safeguarding leads monitored all referrals for trends, such as within care homes, or if the frequency of contact for a frequent caller increases, which may indicate increased vulnerability.
- A chaperone policy was available for staff to refer to. Staff who acted as chaperones were trained for the role. All chaperones had received a disclosure and barring check (DBS). (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 and adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were followed. We observed the three primary care centres we visited to be visibly clean and tidy. There was an infection control clinical lead nurse who was responsible for carrying out the infection control audits. Annual infection control audits were completed for all primary care centres where patients were seen. Action plans had been put in place to rectify any issues identified. Information about infection control updates was included in the clinical update newsletter, for example information on hand hygiene / below elbows, and information from the World Health Organisation – Who Saves Lives/Clean Your Hands. We looked at two vehicles used to take GPs to consultations in patients'

homes. We saw these were clean and well maintained. Driving staff told us that they cleaned the vehicle inside with sanitizing wipes on a daily basis and every two weeks the vehicle was thoroughly cleaned by an external company. Personal protective equipment, sanitizing wipes and sharps boxes were available.

- There was a nurse lead for medicines management who took overall responsibility for arranging the storage, supply and monitoring of medication, with link nurses responsible for managing stock at each primary care site. Controlled drugs (CDs) were held and appropriate registers were in place, we viewed CD registers at each of the three primary care centres we visited. We were told that a nurse practitioner and a GP checked the CD cabinets on a weekly basis. CDs were stored in a locked safe within a pharmacy at Ashgate Manor. We also observed a locked cabinet for the storage of CDs for use on home visits. A process was in place to ensure that CDs were signed out by two clinicians for their use in the primary care centre. There was a robust process for the transfer of bulk CD stock into vehicle stock which was only accessible to clinicians and for the tracking of the administration to patients.
- Prescription pads were securely stored, nurse practitioners on duty were responsible for the control and security of blank prescriptions and ensured they were recorded when issued or replenished back into stock, this system allowed all prescriptions to be tracked however during our inspection a number of blank prescriptions were found in a printer in an unlocked room which had been vacated by a clinician on duty. We were assured during our inspection that this would be addressed immediately. The prescriptions were removed from the printer and the room was secured. During our inspection we found that full prescription pads were recorded at Ashgate Manor by a link nurse when being distributed to another primary care location at Buxton Hospital. These prescription pads were stored in a locked controlled drugs cabinet however there was no system in place at Buxton Hospital to record receipt of them or track them. We were assured during our inspection that this would be addressed immediately.
- The provider had employed a pharmacist to produce the Patient Group Directions (PGDs) and these had been reviewed appropriately to reflect the role of the nurses who used them. The PGDs had been signed appropriately. This enabled the nurses to administer specific medications to patients. During the inspection

Are services safe?

we saw evidence of PGD meeting minutes and actions taken. During this meeting PGDs were reviewed and the development of new PGDs were discussed for example the development of a PGD for the use of Nefopam which is a non opioid painkiller. Two pharmacists were invited to attend these meetings.

- Recruitment checks were carried out and the nine files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The provider checked that GPs were on the performers list and had the necessary indemnity insurance to cover out of hours work. We were told five new GPs had recently been recruited, two members of the Board attended the interview panel. All newly recruited GPs received a four hour initial induction within the primary care centre, this induction included an overview of the Adastra clinical system and a clinical supervision session.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The provider had up to date fire risk assessments. The provider 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.
- There was a process in place for testing of electrical and clinical equipment to ensure it was safe to use and working correctly. We were told that the annual electrical and calibration test was due to take place on 16 November 2015, we were provided with evidence of this following our inspection.
- A rota management team were responsible for planning and monitoring the number of staff needed to meet patients' needs including GPs, nurse practitioners and drivers. The team used a model to forecast activity per hour across each shift and this translated into predicted

staff required. A buffer of 15% staffing was added to allow for sickness and short notice problems. The rota management team populated the rota with the required numbers of staff. We were told that the service were currently auditing demand for appointments over a one year period including the reasons for an appointment, this audit had shown that 24 December 2014 had seen the highest demand for appointments within that timeframe.

Arrangements to deal with emergencies and major incidents

- All staff who had contact with patients received annual basic life support training, staff we spoke with confirmed this. We also saw a resuscitation trolley located in the corridor of the primary care centre containing resuscitation equipment including an automatic external defibrillator (AED) for use on both adults and children.
- There were emergency medicines available in each primary care centre and in the vehicles used to transport GPs to consultations in patients' homes. Equipment included a defibrillator and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area and all staff knew of their location. All the medicines we checked at all three locations were in date and fit for use.
- The provider had a comprehensive business continuity plan that was available to staff. This contained detailed information on the actions to be taken in specific situations, such as the loss of the electronic systems or excess demand. The plan contained emergency contact numbers for staff.
- A panic call button was available in each consulting room which was linked to a centralised alarm point.
- Security processes and a policy were in place for drivers and clinical staff working in the community. All clinical staff attending home visits were provided with an identification badge which contained an alarm cord, when this cord was pulled in an emergency it would automatically connect to a security call centre who would provide assistance in an emergency situation.

Are services effective?

(for example, treatment is effective)

Summary of findings

The provider is rated as good for providing effective services.

- Our findings at DHU showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- There was evidence of clinical audit, clinical supervision and reflective feedback processes for all clinical staff to ensure the delivery of high quality patient care.
- Staff received training relevant to their roles and were up to date with all mandatory training.
- The service worked closely with patients' own GPs and information was shared with the out of hour's service through Rightcare plans and special notes, ensuring that the patient's needs and wishes were known.

Our findings

Effective needs assessment

The practice 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 provider 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 peoples' needs.
- The Clinical Effectiveness Group identified relevant updates from NICE and updated policies, procedures and clinical standards accordingly. The clinical directors determined what information needed to be included in the monthly newsletter. The provider had produced a clinician's manual to support clinical staff in their role. Clinicians were kept up to date via the newsletters, sessional GP support group for case reviews, and discussion of cases/outcomes, and educational sessions relating to specific conditions, for example red eye and abdominal pain.
- During our inspection we spoke with the lead for medicines. We were told that all clinical staff were able to access the British National Formulary (BNF) and Toxbase (data base relating to poisons and overdoses) on an intranet. BNF's had been provided for all prescribers and we also saw evidence of up to date BNF manuals in the vehicles we inspected. The medicines lead attended local controlled drug meetings which included attendance from other agencies such as the police. We were told during our inspection that site visit medication audits were carried out to ensure processes within the primary care centres were being followed correctly including security, storage and control of medicines and controlled drugs. We saw evidence of these audits. We also saw evidence of random spot check audits which had been carried out on medicines bags located in vehicles used for home visits.

Management, monitoring and improving outcomes for people

The provider was monitored against the National Quality Requirements (NQRs) for Out-of-Hours providers that capture data and provide a measure to demonstrate that a service is safe, clinically effective and responsive. The provider is required to report on these to the Clinical

Are services effective?

(for example, treatment is effective)

Commissioning Group. We looked at the National Quality Requirements (NQRs) for Out-of-Hours GP services and found that where there had not been full compliance, action had been taken. For example recruitment of additional clinicians to ensure various patient appointment targets were achieved. For example, in July 2015 88.5% was achieved compared to a target of 90% for the number of patients appointed for urgent face to face consultations within two hours of assessment. In September 2015 achievement of this target had increased to 91.5%.

DHU strived to achieve six indicators of the Commissioning for Quality and Innovations (CQUIN) in 2014-15. Four of the six CQUINs involved medication prescribing including the prescribing of antibiotics which is a key factor in the increase of infections such as Clostridium Difficile and also the increase in antibiotic resistance. Educational material had been provided to clinicians as well as information targeted to clinicians shown in the audits as prescribing outside of guidelines. There had been a significant improvement in performance over the past three quarters, resulting in less inappropriate antibiotics being prescribed with inappropriate quantities.

Effective staffing

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

- The provider had a corporate induction programme for newly appointed members of staff that covered such topics as integrated clinical governance, information governance, fire safety, health and safety and equality and diversity. Staff then completed an induction and probationary period appropriate to their job role.
- The service provided a four hour induction programme for all newly appointed clinical staff working within the primary care centre.
- The provider also had a mandatory training programme that covered topics such as basic life support, safeguarding adults and children and infection prevention and control. Staff that we spoke with told us that they had received this training.
- The learning needs of staff were identified through ongoing assessments and meetings and a system of appraisals was in place for example, all advanced nurse practitioners (ANPs) received their appraisal by the ANP team leader who was a senior nurse. Personal objectives

and training and development plans were developed and reviewed annually or more frequently if required. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work.

- Clinical supervision processes were in place for all GPs, ANPs and emergency care practitioners including reflective feedback when working at Ashgate Manor. For example, nurse practitioners received clinical supervision from trained clinical supervisors. Newly appointed ANPs were assessed when undertaking home visits and were not allowed to carry out home visits alone until they have been signed off as competent.
- All nurses received clinical supervision from senior ANPs. ANP appraisals were carried out by the ANP team leader who was a senior nurse. All nurses were professionally accountable to the Director of Nursing and Quality.
- All GPs were audited on the quality of their clinical practice including face to face and telephone consultations and received a quarterly productivity and performance report. The Royal College of General Practitioners (RCGP) audit toolkit was used. Any underperforming GPs would be required to attend a face to face meeting with the Clinical Director. A process was in place to ensure any areas of underperformance were addressed, this included regular clinical supervision sessions and assessment of patient care and delivery of treatment and clinical advice.
- All drivers were required to undertake an annual driving assessment. One of the drivers we spoke with was an advanced driver and trained assessor with the 'Institute of Advanced Drivers' and delivered annual driving assessment training for all driving staff within DHU. Regular driving licence checks were carried out and we saw evidence of a driver's manual located in the primary care centre which included protocols for training requirements, breakdown procedures and home visit guidelines. Driving staff were also required to complete a medical with their own GP every three years.

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 summary care records, special patient notes (created by the patient's own GP

Are services effective?

(for example, treatment is effective)

and shared with the out of hours provider) and the Rightcare advanced care planning system (used to support patients who have complex medical needs and to avoid unnecessary hospital admissions).

- Systems were in place to ensure that the information following consultations was sent to the patient's own GP before the practice opened the following day.
- The provider shared relevant information with other services in a timely and effective way and worked with other health and social care services. For example the safeguarding adults lead attended regular performance and quality sub-groups within Derby City and Derby County to discuss safeguarding referrals made with a view to improve communication and promote best practice. Both the safeguarding children and adults lead also attended regular Patient and Quality Sub-Group meetings. All safeguarding referrals and frequent caller information were reviewed by the safeguarding teams.
- The safeguarding children lead told us that an arrangement was in place with child health in Derbyshire to enable the safeguarding children lead to send referrals to a named health visitor. Child social care referral forms were also sent to eight different social services across the East Midlands by secure email.

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. Staff we spoke with told us they had completed mental capacity act training and deprivation of liberty safeguards training. This training formed part of the service's mandatory training requirements.
- The Rightcare care plan recorded patients' wishes regarding care and treatment and recorded the patient's consent to certain decisions, for example, 'do not attempt cardiopulmonary resuscitation' (DNACPR) care plans.

Health Promotion and Prevention

We observed that various health information and leaflets were available including diabetes awareness and influenza vaccination campaigns in the primary care centres we inspected.

Are services caring?

Summary of findings

The provider is rated as good for providing caring services.

- Data showed that patients rated the service similar to or above others in relation to the care they received.
- Patients said they were treated with dignity and respect by helpful, polite and caring staff. Patients were satisfied that they were involved in decisions about their care and treatment.
- We saw evidence of a 'Derby City 'Dignity Campaign' certificate of achievement' in recognition of their work to promote dignity and respect.
- Information for patients about the services available was easy to understand and accessible. Patient information leaflets were available in numerous different languages for patients whose first language was not English, patients also had access to interpreter services.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality at all times.

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect during our inspection.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations, conversations taking place in these rooms could not be overheard.
- Reception staff told us they knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

50 of the 54 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the service provided was excellent and found staff were helpful, caring and treated them with dignity and respect. Other comments told us that patients were extremely happy with the waiting time for appointments and were seen very quickly.

Results from the GP Patient Survey published in July 2015 (collected during July 2014 to September 2014 and January 2015 to March 2015) showed that patients' satisfaction with how they could access care and treatment was comparable with or above the England average. For example:

- 73.1% of patients in NHS North Derbyshire CCG felt they received care quickly from the Out-of-Hours GP service, whereas 58.4% of patients in NHS Southern Derbyshire CCG felt they received care quickly, compared to the England average of 60.7%.
- 87.9% of patients in NHS North Derbyshire CCG and 80.8% of patients in NHS Southern Derbyshire CCG said they had confidence and trust in the Out-of-Hours GP service clinician they saw or spoke with, compared to the England average of 80.7%.
- 79.1% of patients in NHS North Derbyshire CCG and 73% of patients in NHS Southern Derbyshire CCG described their experience as good overall compared to the England average of 68.8%.

Patients we spoke with spoke positively about the service provided and found the staff helpful and hard working.

Are services caring?

Care planning and involvement in decisions about care and treatment

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

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Notices were in place informing patients about the availability of language line. We also saw information leaflets in the waiting room for patients offered in numerous different languages including Polish, Punjabi and Urdu.

Clinicians made appropriate use of Rightcare plans and special notes from the patients' usual GP during consultations. Rightcare plans and special notes are a way in which the patient's usual GP can raise awareness about their patients who might need to access the out-of-hours service, such as those nearing end of life or with complex care needs and their wishes in relation to care and treatment.

Patient and carer support to cope emotionally with care and treatment

We found the service to be sensitive of patient needs and worked proactively to deliver care that supported them. For example working with other providers to develop continuity of care between services through the provision of the out of hours district nursing service and the local NHS Mental Health Trust to support patients with mental health needs who contacted the service.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The provider is rated as good for providing responsive services.

- The provider undertook continuous engagement with patients to gather feedback and held regular patient and public involvement sub-committees to review suggestions for improvements. Changes were made to the way it delivered services as a consequence of this feedback. Patient satisfaction, patient safety, friends and family test results and Healthwatch information were also discussed.
- The service understood the needs of the population it served and engaged with the local Clinical Commissioning Group to provide services that were responsive to the needs of the population.
- Rightcare plans were developed by the patient's GP and shared with the out of hours GP service for clinically high demand patients including patients with long term conditions and complex health needs. Calls received from patients identified as having a Rightcare plan were prioritised as urgent and transferred directly to a clinician for assessment. Special notes were used to record relevant information about patients.
- Patients said they found it easy to make an appointment and were offered appointments at a time and location that suited them.
- Information about how to complain was available and easy to understand. Evidence showed that the service responded quickly and sensitively to issues raised. Learning from complaints was shared with staff and other stakeholders.

Our findings

Responding to and meeting people's needs

The provider worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. Monthly contract monitoring meetings and Clinical Governance meetings were held, as well as weekly conference calls. The provider was able to identify if patients from any particular GP practice accessed the service more than others and reported this to the CCG.

DHU worked towards achievement of various quality standards. DHU achieved their primary care appointments quality standard 12 in September 2015 achieving:

- 100% of emergency appointments offered to patients within one hour compared to a target of 95%.
- 99.8% of routine appointments offered to patients within six hours compared to a target of 85%.
- 100% of patients who required an emergency home visit were appointed within one hour compared to a target of 95%.
- 92.6% of urgent home visits were appointed within two hours compared to a target of 90%.

These results showed a combined improvement compared to August 2015.

Services were planned and delivered to take into account the needs of different patient groups to help provide flexibility, choice and continuity of care. For example:

- We visited three primary care centres and found that the premises were suitable for patients with disabilities; The reception desk had a lower level for patients in wheelchairs. Disabled toilet facilities were available at all of the three primary care centres visited.
- Baby changing facilities were available at all three locations we visited.
- At one location, patients could use an intercom system at the main entrance to alert the receptionist of their arrival, the secured doors automatically opened for patients to enter. We saw that the intercom was at a lower level to allow patients in wheelchairs to use this facility.
- Access to the service was through the NHS 111 telephone service. Staff we spoke with told us that patients who came as a walk-in were encouraged to use

Are services responsive to people's needs?

(for example, to feedback?)

this number to ensure patients could be assessed.

However, provision was made for patients to be assessed by a clinician if their needs were urgent. We were told by GPs that all patients would be seen.

- Staff received training in dealing with homeless, isolated patients and travellers.
- A hearing loop and translation services were available for patients. Patient information leaflets were also available in numerous languages.
- Home visits were available for older patients and patients who would benefit from these including those receiving end of life care. The GPs had received palliative care training.
- Systems were in place to electronically record additional information for patients with complex health and social care needs or may be at risk to themselves or others; or cannot manage their healthcare themselves. The information was available to call advisors and clinicians at the time the patient or their carer contacted the Out-of-Hours GP service and assisted the clinicians to safely meet the needs of these patients.
- Special notes were used to record relevant information for patients such as frequent callers, children subject to child protection plans, patients who are known to be violent or the location of medicines in a patient's home.
- DHU operated a district nursing care Out-of-Hours service, which provided urgent and routine care for patients in the community. Systems were in place for Out-of-Hours community staff to forward calls and visits to GPs as required.

Access to the service

The GP Out-of-Hours service operated between 6pm until 8am Monday to Thursday and from 6pm Friday through to 8am Monday and on Public Holidays. Patients accessed the Out-of-Hours service by contacting the NHS 111 service. Calls from NHS 111 were received, assessed and triaged by trained staff including doctors and nurses at either Ashgate Manor, Mallard House or Fosse House and patients who needed to be seen were allocated an appointment at one of 13 primary care centres or as a home visit. Patients could also receive a telephone consultation with a clinician. These locations were

co-located within local hospitals and other health care settings. The times when services were offered varied for each location although a number provided the service seven days a week.

Listening and learning from concerns and complaints

The provider had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for Out-of-Hours GP services in England. There was a designated Complaints Officer and Complaints Coordinator who handled all complaints in the organisation.

Information about how to complain was on the organisation's website. Patients who made a complaint were sent a copy of complaints leaflet, which was available in a number of different languages. We saw information for patients on how to complain in the waiting room at all three locations we visited.

The level of complaints regarding all Out-of-Hours services for DHU was low. The service had received 90 complaints between 1 October 2014 and 31 October 2015, which equated to 0.04% of patient contacts with the service. We looked at the summary of complaints for this period. We found that these had been satisfactorily handled, demonstrated openness and transparency and dealt with in a timely manner. We looked at one complaint in detail. We saw that a full letter of apology and explanation was given to the patient.

During our visit to Ashgate Manor we saw that a number of complaints were reviewed and given a second opinion to identify any possible trends and address any areas of concern. We looked at three complaints which had been reviewed by the Clinical Lead. One of the complaints we looked at had an action plan agreed. A programme of additional clinical supervision sessions had been arranged for the clinician involved to address issues arising from the complaint.

Complaints were also reviewed at the recently introduced Quality and Patient Safety Sub-Committee meeting. This monthly meeting was attended by clinical and operational managers, and reviewed complaints received for trends.

Are services well-led?

Good 

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

Summary of findings

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

- It had a clear vision with quality and safety as its top priority. The service was responsive to feedback and used performance information proactively to drive service improvements.
- The views of patients were taken into account and acted upon through active public engagement.
- The service had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance and performance management framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The senior management team encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a strong focus on continuous learning and improvement at all levels, staff were encouraged to continually learn and develop their skills.

Our findings

Vision and strategy

The provider had a clear mission statement to provide caring, high quality, safe and effective healthcare to the patients and communities that it served. Following staff engagement the provider had developed a set of core values covering four key areas, Caring and Compassion, Always Professional, Respect and Everyone Matters (CARE). These values were on display and printed on the lanyards used for staff identify badges. Staff we spoke with were able to demonstrate they were aware of the mission statement and the values.

There was a strategic plan in place to achieve the mission statement and core values. This consisted of five objectives; patient safety, focus on prevention and self-care, supporting our workforce, good governance and integration through partnership. The overall strategy was to ensure the provider continually improves the quality of their services to ensure they are safe, effective, responsive and well-led. There were robust systems in place to monitor that the objectives were being met.

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 in place and ensured that:

- There was a strong and clear management structure in place, senior staff were very knowledgeable and integral part of the team. The Board were very experienced and had diverse professional backgrounds and knowledge. Both the Board and executive team displayed high values aimed at improving the service and patient experience and were taking positive steps to remind and re-enforce those values with all staff.
- There was a clear staffing structure in place and staff were aware of their own roles and responsibilities. Staff were encouraged to continually develop their skills and knowledge.
- Provider specific policies were implemented and were available to all staff electronically across all locations. Staff were regularly updated of any updated they were required to be aware of.
- A comprehensive understanding of the performance of the provider was maintained.

Are services well-led?

Good 

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

- A programme of continuous clinical and internal audit was in place which was used to monitor quality and to make improvements.
- A programme of continual appraisal, clinical supervision and performance management was in place to ensure a high level of patient care was delivered.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

There was a clear leadership and management structure in place. The executive team were supported by the board of non-executive directors who were very experienced and had diverse professional backgrounds and knowledge. Both the Board and executive team displayed high values aimed at improving the service and patient experience and were taking positive steps to remind and re-enforce those values with all staff.

Throughout the inspection we found the service encouraged a culture of openness and honesty and were prepared to learn from incidents, complaints and near misses, we found all staff welcoming during our inspection. The leadership of the service was visible. The Clinical Director and Deputy Clinical Director frequently worked sessions and were able to identify and respond to concerns as they arose and give leadership to the whole clinical team. Staff told us that they found the senior managers and directors approachable.

The provider was committed to developing the workforce and there was evidence that staff were encouraged and supported to attend training appropriate to their roles. The provider had developed a training programme to enable non clinical staff to develop their skills to become health care assistants (HCAs). For example, a receptionist we spoke with had begun training to become a HCA as part of a pilot scheme which involved HCAs working on a weekend. This employee had already participated in numerous training courses to support their role as a HCA.

The provider ensured that the GPs were involved in revalidation, appraisal schemes and continuing professional development. All clinical staff received a high level of continual clinical supervision and audit of their competencies. Support with the newly introduced

revalidation for nurses was also available. There was evidence that staff had learnt from incidents, staff were given additional support if needed and there was evidence of shared learning between staff.

Non-clinical staff were supported by a support manager and an out-of-hours co-coordinator. Staff told us that they were invited to attend monthly team meetings and had the opportunity to raise any issues at these meetings, staff also received copies of meeting minutes. Staff told us they felt valued and supported by the management team.

Staff told us that they received a personal email from the Chief Executive Officer acknowledging them on any compliments received. Staff told us this made them feel valued.

The provider had implemented an internal employee recognition award programme called the 'limelight' award. The nomination scheme was open to every employee within DHU. The scheme had been implemented to enable colleagues to nominate each other for a monthly award to recognise each other's efforts and to show appreciation of their colleagues. Details of the winner of the 'limelight' award were shared with staff in the monthly Board Brief.

The provider had implemented an annual staff engagement event for all employees of DHU to attend to improve staff engagement and communication and share information about DHU with the wider team.

Due to the increasing costs of medical indemnity fees for GPs working for an Out-of-Hours provider, DHU had introduced an 'assistance scheme' to help pay towards this increase.

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

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

- The provider had an active Patient and Public Involvement Sub-Committee which took place monthly. We saw evidence of meeting minutes which showed there was always DHU representation at each meeting including a mix of clinical and non-clinical representation. Various topics were discussed including patient satisfaction, patient safety, friends and family test results and Healthwatch information was also

Are services well-led?

Good 

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

reviewed. We saw minutes of a meeting held in September 2015, It was noted in the minutes that a patient had been unable to have their blood pressure taken in a primary care centre as there was no large blood pressure cuff available to take a reading. This had been actioned and all primary care centres had been checked to ensure the correct equipment was available for patients. This was discussed with nurse practitioners at a link nurse meeting. A newsletter was also produced to give information to the public about various topics including health promotion and information such as keep warm keep well and influenza vaccination schemes as well as an introduction to new employees of DHU.

- Patients were offered the opportunity to complete the NHS Friends and Family Test and the results analysed every month. Results from the surveys and the Friends and Family Test were discussed at the Patient and Public Involvement Sub-Committee and any actions raised forwarded to the Integrated Governance Committee.
- The provider had carried out a staff survey during February and March 2015 and 194 members of staff responded. The survey identified that staff were satisfied with the care that they were able to provide and felt that their role made a difference to patients. However, the survey also identified a number of areas that required addressing, for example how involved staff felt in decision making about changes affecting the service and the effectiveness of communication between senior management and staff. An action plan

had been developed and was discussed at the monthly Communication and Engagement Forum, which was attended by representatives from each of the different staff groups. A staff engagement event had also been held in July 2015, and the results of the survey were shared at this event. Following feedback from staff, the provider introduced long service awards in recognition of an individual's loyalty to DHU and the predecessor organisations and the 'limelight' award, in recognition of employee effort.

Continuous improvement

DHU worked collaboratively with other providers and were involved with a number of Vanguard projects, for example, DHU were part of the Erewash Multispecialty Community Provider project which had already started work to develop new models of care. DHU was leading on self-care and making shared decisions a reality.

DHU were also part of a Leicester, Leicestershire and Rutland urgent and emergency care vanguard and a South Nottinghamshire urgent care vanguard.

DHU were working with South Derbyshire to develop new models of care. They were also working with North Derbyshire on the development of an urgent care village.

DHU worked towards the achievement of various quality standards for Out-of-Hours services. DHU achieved exceptionally higher results than the nationally agreed targets in numerous standards including 'primary care appointments quality standard 12'.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not being provided in a safe way for service users.</p> <p>The provider was not assessing the risks to the health and safety of service users of receiving the care or treatment or doing all that is reasonably practicable to mitigate any such risks.</p> <p>The provider did not have appropriate arrangements in place for the proper and safe management of medicines.</p> <p>The provider had not ensured that there were robust and effective systems in place across all locations to ensure the control and security of blank prescriptions.</p> <p>These matters are in breach of regulation</p> <p>12(1), 12(2)(g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>