Devon Doctors - 10 Manaton Court

Quality Report

10 Manaton Court
Manaton Close
Matford Business Park
Exeter
EX2 8PF
Tel: Not avaliable
Website: www.devondoctors.co.uk

Date of inspection visit: 17,18, 19 January 2017
Date of publication: 03/05/2017

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

Ratings

Overall rating for this service	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 Devon Doctors on 17,18 and 19 January 2017. Overall the service is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for recording, reporting and learning from significant events. Lessons were shared across the organisation and with other out of hours providers.
- Risks to patients were assessed and well managed. There had been improvements made to environmental risk assessments since the last inspection.
- Patients' care needs were assessed and delivered in a timely way according to need. The service met the National Quality Requirements.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The service employed a paediatric nurse during peak times to support child patients. The service worked with the Devon Partnership NHS Trust who supplied a community mental health specialist between 10am to 10pm every weekend in order to support patients with mental health problems.
- There was a system in place that enabled staff access to patient records, and the out of hours staff provided other services, for example the local GP and hospital, with information following contact with patients as was appropriate.
- The service managed patients' care and treatment in a timely way.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. All 60 comments and conversations with 14 patients were positive about the services provided.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns and shared with other out of hours providers where appropriate.

Summary of findings

- The service worked proactively with other organisations and providers to develop services that supported alternatives to hospital admission where appropriate and improved the patient experience.
- The service had good facilities and was well equipped to treat patients and meet their needs. Systems were in place to seek assurances and report issues about the facilities and estates used by Devon Doctors. The vehicles used for home visits were clean and well equipped.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

The service had developed a dedicated end of life service which was led and coordinated by six designated staff. The team worked efficiently with local healthcare professionals to improve the care end of life patients received:

- The provider had developed a bespoke information screen which included a template which collected detailed information which was accessed by GPs, hospices, hospitals, ambulance service and the NHS 111 services. GPs were encouraged to update special notes which were then put on this screen.
- Devon Doctors promoted a direct dial telephone number for patients and carers to access without the need to telephone NHS 111. This improved access to clinical advice and support linked to their end of life needs. Targets for patients to be telephoned within 20 minutes or visited within an hour were consistently met. An audit of the direct line had resulted in further promotion and an increase in use following the lines promotion.

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 service is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There was an effective system in place for recording, reporting and learning from significant events
- Lessons were shared to make sure action was taken to improve safety in the service.
- When things went wrong patients were informed in keeping with the Duty of Candour. They were given an explanation based on facts, an apology if appropriate and, wherever possible, a summary of learning from the event in the preferred method of communication by the patient. They were told about any actions to improve processes to prevent the same thing happening again.
- The out-of-hours service had clearly defined and embedded systems in place to keep patients safe and safeguarded from abuse.
- When patients could not be contacted at the time of their home visit or if they did not attend for their appointment, there were processes in place to follow up patients who were potentially vulnerable.
- There were systems in place to support staff undertaking home visits.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The service is rated as good for providing effective services.

- The service was consistently meeting National Quality Requirements (performance standards) for GP out of hours services to ensure patient needs were met in a timely way.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Clinicians provided urgent care to walk-in patients based on current evidence based guidance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The service is rated as good for providing caring services.

- Feedback from the large majority of patients through our comment cards and collected by the provider was very positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were kept informed with regard to their care and treatment throughout their visit to the out-of-hours service.
- Carers were supported by the service, particularly where the patient was receiving end of life support.

Are services responsive to people's needs?

Good

The service is rated as good for providing responsive services.

- Service staff reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

Summary of findings

- The service 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.
- There was a clear leadership structure and staff felt supported by management. The service had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance 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 provider encouraged a culture of openness and honesty. The service had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The service proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

What people who use the service say

We looked at various sources of feedback received from patients about the out of hours service they received.

One of the national quality requirements (NQR 5) included the feedback of patient experience. Results from the provider's own survey carried out during the period of January- March 2016 showed 52,763 patients received a service from Devon Doctors. 2,400 patients were sent a questionnaire. 631 questionnaires were returned. Results showed that 92% of patients thought the service was excellent or good and 6% acceptable. Figures were better than the year before where 88% of patients thought the service was excellent or good and 8% acceptable.

We asked Healthwatch Devon for information they had received about Devon Doctors in 2015 and 2016. There were four compliments about the service and nine concerns. The concerns related to the closure of local treatment centres and delay in response times.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 60 comment cards which had been sent to three treatment centres. All comments were very positive about the standard of care received. Words used to describe the service included amazing, excellent, brilliant, efficient, great and prompt. Patients described staff at courteous, professional, friendly, kind, caring and respectful. There were no negative comments received.

We spoke with 14 patients during the inspection. All 14 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients were complimentary about the efficient, thorough and professional service. Patient comments highlighted that the service responded in a timely way, for example, receiving a call back from a GP within 30 minutes of phoning the NHS 111 service. Where appointments were made for the patient to be seen at the treatment centre, patients said that consideration of their travelling arrangements was taken into account. Some patients in North Devon told us they had travelled for an hour across rural areas to be seen by the GP and highlighted that this could be challenging in the winter months following the re-organisation of their local service.

Outstanding practice

The service had developed a dedicated end of life service which was led and coordinated by six designated staff. The team worked efficiently with local healthcare professionals to improve the care end of life patients received:

- The provider had developed a bespoke information screen which included a template which collected detailed information which was accessed by GPs, hospices, hospitals, ambulance service and the NHS 111 services. GPs were encouraged to update special notes which were then put on this screen.
- The provider promoted a direct dial telephone number for patients and carers to access without the need to telephone NHS 111. This improved access to clinical advice and support linked to their end of life needs. Targets for patients to be telephoned within 20 minutes or visited within an hour were consistently met. An audit of the direct line had resulted in further promotion and an increase in use following the line's promotion.

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Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, four CQC inspectors, two members of the CQC medicines team, an inspection manager, an assistant inspector and a service manager specialist adviser.

Background to Devon Doctors - 10 Manaton Court

Devon Doctors Ltd is a social enterprise group which is run by healthcare professionals and reportable to a board of directors. The organisation does not have any stakeholders and are a non-profit organisation. Any profits are invested back into the service.

Devon doctors Ltd provide an out of hours service across 6,707 km2 (2,590 square miles) of which a large percentage is rural. The service provides a primary medical service for approximately 1.1 million people. This figure increases substantially in the Summer months. They employ 242 members of staff and are led by a management team overseen by a board of directors. The team include call handlers, drivers, reception staff, GPs, nurse practitioners, call centre coordinators and supporting office staff holding lead roles such as clinical governance, recruitment, rotas and medicines. Supporting staff also include communication and information governance staff.

Devon Doctors was first established in 1996 as a company providing support to a number of GP cooperatives across Devon. The organisation registered with CQC in 2013 and in October 2016 Devon Doctors were successful in providing the IUCS (Integrated urgent care service). The NHS111 element of the NHS 111 service across Devon is presently sub contracted to another provider. We did not inspect the NHS 111 service at this visit. Devon Doctors also manage some aspects of the Cornwall out of hours provider, Cornwall Health and have two 100 per cent owned subsidiary social enterprise companies; Access Health Care and Access Dental.

Devon Doctors Ltd are registered to provide the following regulated activities:

Diagnostic and screening procedures

Transport services, triage and medical advice provided remotely and

Treatment of disease, disorder or injury.

Devon Doctors have premises at Manaton Court 9-10 Manaton Court, Manaton Close, Exeter, Devon, EX2 8PF. This is where medicines, human resources, staff rotas, IT, and governance processes were managed.

The service had also recently moved to a call centre, located at Osprey House, Osprey Rd, Exeter EX2 7WN. Patients would speak to staff based at this call centre and be triaged and given advice where appropriate.

Patients are seen and treated within their own homes or within nine treatment centres across Devon. Four of these were located in acute hospitals including The Royal Devon and Exeter Hospital, North Devon District Hospital, Torbay Hospital and Derriford Hospital. The remaining five were located within community hospitals including:

Totnes - Coronation Road , Totnes, Devon, TQ9 5GH

Detailed findings

Tiverton - Kennedy Way, Tiverton EX16 6NT

Okehampton - Cavell Way, Okehampton EX20 1PN

Newton Abbot - West Golds Road, Newton Abbot TQ12 2TS and

Honiton - Marlpits Lane, Honiton EX14 2DE

Devon Doctors Ltd was last inspected in June 2014. The service was not rated at this time but there was a breach in regulation 16: Safety, availability and suitability of equipment. The provider sent an action plan indicating how this would be addressed. We looked at this during this inspection and found the changes had been fully implemented.

The service operates between 6pm and 8am Monday to Friday and 24 hours Saturday, Sundays and Bank Holidays but also covers additional hours during the day on an individual contact basis. For example, when a GP practice closes for training.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. Prior to the inspection we spoke with NHS England, the local commissioning group (CCG) and received feedback from Healthwatch. We carried out an announced visit on 17 and 18 January 2017. During our visit we:

- Spoke with a range of staff including two executive directors, four call handlers, six drivers, five reception staff, four GPs, three nurse practitioners, two call centre coordinators, the chief executive, medical director and numerous supporting office staff holding lead roles such as clinical governance, recruitment, rotas and medicines. We spoke with three members of acute hospital staff and with 14 patients who used the service.
- Observed how patients were provided with care and talked with carers and/or family members
- Inspected the out of hours premises, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.
- Looked at the vehicles used to take clinicians to consultations in patients' homes, and we reviewed the arrangements for the safe storage and management of medicines and emergency medical equipment.
- Reviewed 60 comment cards from three of the treatment centres where patients and members of the public shared their views and experiences of the service.

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for managing, reporting and recording incidents and significant events. Any event came to the governance team for classification into significant events and incidents. In 2016 the provider had managed four significant events and 733 incidents for Devon. The provider also logged plaudits and had received 45 for the Devon Doctors team.

- Staff knew how to verbally report concerns and knew the location of the tool used to report concerns and incidents. We saw the governance team then followed up these events, seeking additional information where necessary. Staff were able to give us examples of when they had reported incidents. Examples included breach of confidentiality, car problems, and aggression. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, an explanation based on facts, an apology where appropriate and were told about any actions to improve processes to prevent the same thing happening again. Clinical staff were also required to state to patients involved how they reflected on the incident and how their practice changed as a result.
- The service carried out a thorough analysis of the significant events and incidents for both Devon Doctors and Cornwall Health. Clinical staff told us that learning from them was disseminated via email and within the clinical updates and policy and processes. However, non-clinical staff told us they would only receive feedback if the issue related directly to them.
- The staff induction policy showed that reporting incidents was also covered during staff inductions.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the service. For example, two examples of significant event investigation following patient death in Cornwall and Devon had showed that appropriate action had been taken by the provider.

The examples had been included in the services clinical updates for reflection and further learning by staff. We were given examples of where practice had changed as a result of incident reports. For example, a confirmed case of measles resulted in Devon Doctors staff who had contact with the patient being checked to ensure they were immune.

We saw that incidents, significant events and complaints were reported to the board as a standing agenda item and to the CCG and external stakeholders where appropriate. Learning from external investigations and organisations were detailed and taken seriously. For example, a child death in Devon had resulted in changing the induction for all staff across the organisation. Further changes included improvements to the call back process, promotion of information on the feverish child and changes to the patient journey to speed up the time patients could access the clinician.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. There were policies which were accessible to all staff on safeguarding, whistleblowing and domestic violence. These clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a nominated lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and clinicians were trained to child safeguarding level 3. We saw all other staff were trained to safeguarding children level two.
- The organisation performed quarterly safeguarding audits to monitor referrals and compliance. For example, the organisation had performed an audit searching for when the word bruising had been used by staff. The audit team then followed up to ensure appropriate action had been taken by staff.
- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service

(DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- We visited six treatment centres based in community hospitals and acute hospital trusts. During the inspection we saw the service maintained appropriate standards of cleanliness and hygiene in five of these centres. The concerns at the sixth treatment centre was reported by Devon Doctors staff to the host provider. The provider requested evidence from the hospitals that infection control audits had taken place and assurances that appropriate infection control standards were maintained. We saw evidence of this correspondence. The provider carried out additional monthly infection control checks in these treatment centres and had systems in place to report any concerns. Staff had received relevant training in infection prevention and control to support them in their role and received an annual refresher of this. Staff we spoke to knew who the infection control lead was and demonstrated their knowledge of policies and procedures.
- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance, for example, annual servicing of fridges including calibration where relevant.
- Recruitment for Devon Doctors was managed centrally at the Exeter HQ. We reviewed nine personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, appropriate indemnity and the appropriate checks through the Disclosure and Barring Service. There were systems in place to check whether sessional GPs met requirements such as having current professional indemnity, registration with the General Medical Council, DBS checks and were on the Performers' list (the Performers' list provides a degree of reassurance that GPs are suitably qualified, have up to date training, have appropriate English language skills and have passed other relevant checks such as with the Disclosure and Barring Service).

Medicines Management

- The arrangements for managing medicines at the service, including emergency medicines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The service carried out regular medicines audits, to ensure prescribing was in accordance with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The service held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had standard operating procedures in place that set out how controlled drugs were managed in accordance with the law and NHS England regulations. These included auditing and monitoring arrangements, and mechanisms for reporting and investigating discrepancies. Detailed guides for the vehicle drivers had been developed to show how controlled drugs should be moved and recorded between locations and the vehicles. These helped to reduce errors in controlled drug recording. The provider held a Home Office licence to permit the possession of controlled drugs within the service. There were also appropriate arrangements in place for the destruction of controlled drugs.
- Serious medicines incidents and those involving controlled drugs were investigated by the pharmaceutical adviser. These were reported through the Medicines Management Group. Learning from incidents occurred at an individual and system wide level through weekly emails and a monthly medical director newsletter.
- Medicines were prescribed for individual patients by doctors or non-medical prescribers.
- Arrangements were in place to ensure medicines and medical gas cylinders carried in the out of hours vehicles were stored appropriately. Medicines were stored in tamper evident bags. Controlled drugs and medicines identified as at risk of misuse, were stored in a locked case and attached to the body of the car with another lock for additional security.
- Each vehicle had colour coded bags for the medicines and equipment used. The colour coding was the same for each vehicle location. Each bag had a surface mounted laminated contents list which aided easier access to medicines or equipment. Random samples of medicines and equipment stored for use in vehicles showed they were in date, recently calibrated and fit for use. Processes were in place for checking medicines, including those held at the service and also medicines

bags for the out of hours vehicles. The provider was in the process of updating checklists for medicines that were no longer used and provided evidence of this updated list.
- Doctors had access to online medicines reference sources at the treatment centres and in the vehicles.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Staff at the call centre and local treatment centres had extensive knowledge of their catchment area and drivers worked as receptionists and vice versa. This knowledge allowed for patients to be seen in the most appropriate and responsive way. We also saw collaborative working with the district nursing service.

At our last inspection in June 2014 we found people who used services and others were not protected against the risks associated with unsafe or unsuitable equipment, as there was no service-wide inventory. The provider was not able to show evidence of how it can be assured of equipment safety, calibration and quality of medical devices. This meant that the servicing of these was not robustly managed. At this inspection in January 2017 we found:

- Devon Doctors had implemented their own rolling annual test for calibration of equipment. Records showed the next tests were due in 2017/18.
- All Devon Doctors electrical equipment had been PAT (portable appliance testing) assessed.
- A computer program was used for both equipment and medical devices. This enabled automated reports to be produced highlighting dates where equipment required future testing.
- Request emails were sent to host providers requesting the assurances for various aspects, including Legionella, Health and Safety, fire safety, equipment testing, and maintenance of resuscitation trollies.
- Cleanliness audits were undertaken at all bases monthly and they included the assurance check for the host checks on their resuscitation trollies.

There was an up to date Health and Safety policy reviewed within the last 12 months and staff had received appropriate induction and annual training for this. There were relevant Health and Safety leaflets available and a poster was displayed in the staff areas which contained information and contact details for the Health and Safety representatives.

- Fire alarms were checked every week and we saw evidence to show that fire drills had been completed every quarter and a log maintained.
- Portable appliance testing had taken place by a professional external contractor in December 2016 and documents showed that every relevant device had been tested. All other sites were co-located with NHS Trusts and documentation showed that these checks were completed by the local NHS Estates departments.
- Legionella testing had been completed in January 2017 by a professional external contractor. All recommendations such as water temperature testing had been implemented. All other locations were co-located with hospitals who had a written responsibility to complete their own risk assessments for legionella.
- Clinical equipment that required calibration was calibrated according to the manufacturer's guidance.
- There were systems in place to ensure the safety of the out of hours vehicles. Checks were undertaken at the beginning of each shift and drivers added they came in before the beginning of their shift so that these checks could be carried out without interruption. These checks included detailed external checks such as lights, tyre condition and damage assessment as well as internal checks on equipment and medicines. We saw fleet motor insurance, Ministry of Transport checks (MoT) where appropriate, vehicle excise licences (VEL), and servicing and maintenance records for all vehicles. There were daily systems in place to check the condition of each vehicle. Breakdown cover was in place for each vehicle along with replacement vehicles from the provider's fleet.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty to manage peaks and troughs of service demand. The inspection team saw NQR (National Quality Requirement) data and evidence that the rota system was effective in ensuring that there were enough staff on duty to meet expected demand.

Good

Are services safe?

Arrangements to deal with emergencies and major incidents

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

- There was an effective system to alert staff to any emergency.
- All staff received annual basic life support training, including use of an automated external defibrillator.
- The service had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible and staff knew of their location. All the emergency medicines we checked were stored securely. The service checked regularly, that the provider of the emergency medicines recorded stock levels and expiry dates daily.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidenced based guidelines. Updates to these guidelines and other policies were communicated within the clinical update bulletins.

The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example, in both vehicles used for patient visits there was an operational folder which contained information about managing feverish children.

- The service monitored that these guidelines were followed and included in monthly clinical newsletters.
- The staff who undertook baseline observations when patients arrived at the service had information relating to normal values and vital signs, which enabled them to easily escalate concerns to clinicians.
- Clear recording in patient notes ensured staff were fully informed of the treatment provided should the patient need to return to the service.

We found evidence that safety alerts such as MHRA alerts (Medicines and Healthcare products regulatory agency) were appropriately dealt with by the service. MHRA alerts were directly transmitted to the health access team who then co-ordinated appropriate actions such as sending it on to relevant departments or liaison with key staff affected.

Management, monitoring and improving outcomes for people

Out of hours providers have been required to comply with the National Quality Requirements (NQR). The NQR are used to show the service is safe, clinically effective and responsive. Some of these NQRs are no longer requirements but we saw evidence that the provider still used them to monitor quality. The provider reported monthly to the clinical commissioning group on their performance against these standards which include audits, whether telephone and face to face assessments happened within the required timescales, seeking patient feedback and actions taken to improve quality. We spoke with representatives from the CCG who said the reports were produced promptly and did not highlight any concerns.

NQRs for GP OOH services were set out by the Department of Health to ensure these services were safe and clinically effective. We looked at the monthly reports from October 2016 which rated the service against standards which includes audits, response times to phone calls, whether telephone and face to face assessments happened within the required timescales, seeking patient feedback and actions taken to improve quality.

October 2016 was the first month of the new Devon Doctors out of hours integrated service.

NQR 4 requires providers auditing a random sample of patient contacts. The audit process must be led by a clinician, appropriate action must be taken on the results of those audits and regular reports of these audits should be made available to the clinical commissioning groups (CCGs). We saw evidence to show that Devon Doctors met this target by regularly auditing a random sample of patient contacts and appropriately acting upon findings. Regular reports of these audits were made available to the contracting CCG (clinical commissioning group) and board. The service audited hourly, daily, weekly and monthly activity and demonstrated that the service had acted upon the results to ensure cases had been dealt with appropriately. The sample provided sufficient data to review the clinical performance of each individual working within the service. This audit was led by a clinician with extensive experience in providing OOH care and, where appropriate, results had been shared with the CCG and the multi-disciplinary team that delivered the service.

The service met NQR 12 as evidence showed that face-to-face consultations whether in a centre or in the patient's place of residence had been started within the following timescales, after the definitive clinical assessment had been completed:

We saw that reporting was provided on a daily basis with a variety of information included to enable the operations team to review the previous day in detail and make decisions for the coming days. Data for October 2016 showed that Devon Doctors had met NQR 10 (Face to Face Clinical Assessment) by the effective identification of immediate life threatening conditions.

Good

Are services effective?

(for example, treatment is effective)

- 87% of urgent calls received a face to face consultation within two hours.
- 96% of less urgent calls received a face to face consultation within six hours.

Data provided by the provider showed that In October 2016, the service dealt with approx. 14,000 out of hours' patient contacts. The patient contacts consisted of advice calls, primary care centre appointments, walk in patients and home visits. Some of these patients had more than one consultation. In October 2016 the service dealt with:

- 10,425 advice consultations
- 4,428 Treatment Centre consultations
- 1,735 Home Visits
- 10 Walk In consultations

The service class the following as Going Towards Hospital (GTH): 999 Ambulance, Emergency Department (ED) referral, admission to District General Hospital (DGH) and admission to a Community Hospital (CH). In October 2016:

- 148 cases were considered a life threatening condition and referred to local emergency services (999).
- 90 cases were referred to an Emergency Department (ED).
- 639 cases were admitted to a District General Hospital (DGH).
- 10 cases were admitted to a Community Hospital (CH)
- 14 cases were referred onto District Nurses
- 3 cases were referred onto Crisis Response Team

These numbers totalled 6% of contacts for the month and historical data showed the provider had consistently been lower than 10%.

The provider had a system in place to randomly audit a sample of patient contacts to show appropriate action had been taken. We saw that regular reports of these audits were made available to the CCG. These included a 'case slip' audit. For example, in each calendar year, all clinicians working were subject to a minimum audit of 10 random case slips to ensure certain criteria is followed during triage calls. This includes six checks which include ensuring clinical staff take a full medical history, offer appropriate advice, take sufficient notes and give further safety advice. A report is produced and an audit then undertaken by the auditors within the Governance team. The result of this audit was either satisfactory or for further review. Records showed that to date 450 clinicians had been audited. Of these 4,329 consultations audited only 3% needed further review. We saw records for these follow up reviews which demonstrated that appropriate action had been taken.

The provider had a system for identifying all immediate life threatening conditions and methodology of passing these calls to the ambulance service within 3 minutes. Data for Q1 2016/17 showed that the provider had transferred 100% of life threatening calls within three minutes.

The provider also had systems in place to demonstrate that they had a clinically safe and effective system for prioritising urgent and less urgent calls.

The provider met national quality requirements for face to face clinical assessments and the identification of immediate life threatening conditions. For example, data from the April- June Q! 2016/17 quarterly performance report showed that 100% of walk in urgent cases had been seen within 20 minutes and 96% of less urgent cases within 60 minutes.

Staff explained that despite where a patient was treated, care had to be started within set timescales after the definitive clinical assessment had been completed. Data for 2016/17 showed that 94% of urgent cases had been seen within the timescale and 99% of less urgent cases within 360 minutes.

We saw evidence of completed audits on telephone calls, engaged and abandoned calls to ensure compliance with NQR 8. Although these are not formally required the organisation still monitored targets. Where missed targets are found, follow up action was taken. For example, the provider had narrowly missed NQR 9 which had resulted in a review to ensure no harm came to the patients. Where any harm could be identified the process states that this is reported to the governance team for investigation.

There was evidence of quality improvement including clinical audit.

- We looked at eight clinical audits completed in the last two years which had been repeated and completed audits where the improvements made were implemented and monitored. For example, audits of antibiotic use to ensure responsible prescribing. The most recent audit showed that compliance had improved from 11% in January 2015 to 67% in April 2016. The clinical newsletter was used to highlight this

Good

Are services effective?

(for example, treatment is effective)

positive compliance to clinicians. Another example included an audit around prescribing an opioid analgesic (strong pain relief) which led to a reduction in the overall quantity prescribed.

Effective staffing

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

- There was an induction programme for all newly appointed staff. All staff received a face to face corporate induction within the first three months of employment and all staff had received an induction at each of the treatment centres from which they were working. This enabled new staff members to become familiar with the way the provider operated and to understand policies and procedures specific to individual treatment centres.
- The induction programme covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were also supported to work alongside other staff and their performance was regularly reviewed during their induction period. The corporate induction included a journey of a call, and "putting patients first" training which was a national award winning training programme aimed at bringing "customer service" into patient experience. Devon Doctors used 'Training Tracker' which was an elearning platform that enabled them to create bespoke training for their different staff groups.
- The service employed staff who had the appropriate skills and training to perform their required duties. This included medical, nursing, managerial and administrative staff. We reviewed eight staff training records and saw that staff were up to date with attending courses such as annual basic life support, fire safety awareness, infection control and safeguarding.
- The service demonstrated how they ensured role-specific training and updating for relevant staff. For example, in addition to the corporate induction, newly employed OOH call operators had attended shadow shifts, observed working, and went through a comprehensive sign off process to assure each stage of their training was completed.
- We spoke with three call handlers who said the induction and training had been excellent and support continued to be ongoing.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs.
- Staff involved in handling medicines received training appropriate to their role.
- Medicines were prescribed by doctors and nurse non-medical prescribers. The service was developing a role for pharmacist independent prescribers within some of its treatment centres.
- As part of their commitment to supporting staff and improving the quality of the service delivered, Devon Doctors had a reward system for staff. This year the rewards had been linked to meeting training requirements.
- All staff had received an appraisal within the last 12 months.
- During the inspection staff told us they had always been informed when refresher training was due to be undertaken and that they had been given sufficient time to complete training. Staff received face to face contact and supervision once a month for the first six months of their probationary period. Supervision was then undertaken every four to six months. Staff told us they were able to request supervision at any time.
- The service had a plan in place to provide clinical support to the nursing team following the recent departure of the Head of Nursing lead three months ago. Clinical support for the nursing team had been transferred to the Medical Director whilst the Head of Nursing post was being filled.
- Staff involved in handling medicines received training appropriate to their role.

Coordinating patient care and information sharing

Devon Doctors met national quality requirement 2 (NQR) by sending details of all OOH consultations (including appropriate clinical information) to the practice where the patient was registered by 8am the next working day.

Devon Doctors used ADASTRA, a computer based patient record shared by out of hours organisations, some hospitals, 999, NHS 111, and GP services to ensure information could be communicated quickly and effectively.

Devon Doctors had a system to send details of OOH consultations and clinical information to the GP practice

Good

Are services effective?

(for example, treatment is effective)

where the patient was registered by 8.00 am the next working day. We saw examples of this happening within these timescales. We spoke with three GPs who work within General Pactice in Devon who confirmed this practice.

Where more than one organisation was involved in the provision of OOH services, we saw clearly agreed responsibilities in respect of the transmission of patient data.

The service complied with NQR 3 by having systems in place to support and encourage the regular exchange of up-to-date and comprehensive information including care plans, between all those providing care to patients with predefined needs, for example, patients with terminal illness.

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

- This included access to required 'special notes' which detailed information provided by the person's GP. This, alongside notes from previous service contacts by patients and local patient knowledge, helped the out of hours staff in understanding a person's needs.
- The service shared relevant information with other services in a timely way; for example, when referring patients to other services such as hospitals or mental health teams.
- The provider subcontracted the NHS 111 services to another provider but were collocated which staff said worked well.
- The provider worked effectively and collaboratively with other services. If patients needed specialist care, the out-of-hours service, could refer to specialties within a hospital. Staff also described a positive relationship with the mental health and district nursing team if they needed support during the out-of-hours period.
- Patient notes were seen to be very detailed. The clarity of the notes meant the service was able to ensure continuity of treatment where different staff were on duty.
- Staff explained that they worked closely with NHS trust staff where they shared services.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear clinical staff assessed the patient's capacity and, recorded the outcome of the assessment on the clinical system. This process was audited monthly to identify any trends to ensure that staff were gaining consent appropriately.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

There were policies and procedures in place to support patient's dignity and privacy. Staff had received confidentiality training and demonstrated their roles and responsibilities regarding data protection.

100% of the 60 Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments included 'the Devon Doctors staff have been most caring. I was treated very well and am very grateful.' Another comment read 'From ringing 111 the service was amazing.'

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. There were no negative comments received from patients we spoke with or within the comment cards.

Care planning and involvement in decisions about care and treatment

Devon Doctors complied with NQR 5 by conducting a monthly audit of a random sample of patients' experiences of the service and had taken appropriate action on the results of those audits. Results from the provider's own survey carried out between January and March 2016 52,763 patients received a service from Devon Doctors. 2,400 patients were sent a questionnaire. 631 questionnaires were returned. Results showed that 92% of patients thought the service was excellent or good and 6% acceptable. Figures were better than the year before where 88% of patients thought the service was excellent or good and 8% acceptable.

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

Systems were monitored to ensure staff only accessed records relevant to the patients they were supporting. Staff demonstrated they knew how to identify a patient who had chosen that they did not wish to be resuscitated.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Facilities for people with hearing impairment e.g. hearing aid loop.
- There was a "how can we help" sheet on the reception desk, patients were able to point to the location of their pain on a diagram of the body, as well as a list of symptoms. Staff told us that patients whose first language was not English usually brought someone with them.

Comfort calls were made to patients notifying them of any potential delays. Several calls were listened in to by Inspectors, and patients were advised of delays and that if the situation should change, to call NHS 111 again, or 999 if appropriate.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The service met NQR 11 as they ensured that patients were treated by the clinician best equipped to meet their needs, (especially at periods of peak demand such as Saturday mornings), in the most appropriate location. Where it was clinically appropriate, patients were able to have a face-to-face consultation with a GP, including at the patient's place of residence. Home visits were available for patients whose clinical needs meant they had in difficulty attending the service. Patients were also able to choose which treatment centre to attend.
- There were accessible facilities, a hearing loop and translation services available.
- The provider supported other services at times of increased pressure.
- Accessibility services on the website included tools that could increase the font size and provide a high contrast version for those with dyslexia and visual impairments.
- The website had an online translation tool to enable content to be translated into over 40 languages.
- The service was flexible in supporting other areas; for example, in utilising their resources to support patients in other treatment areas where services were fully utilised or travel logistics made their involvement more appropriate. For example, using Totnes services instead of Plymouth services where having to use ferries would cause delays in seeing patients.
- The service undertook initiatives with the local CCG, NHS England and Healthwatch to provide and improve services. For example, working with the CCG on an initiative called "Gap in Services" (GIS) where patients could be transferred across to OOH and be directed into an OOH treatment centre to relieve pressure on emergency departments or Minor Injury Units. The service was working with a walk-in centre in Exeter to allow patients to be transferred directly if appropriate.
- The service employed a paediatric nurse during peak times at the CAS (every Saturday and Sunday 8am to 1pm) to support child patients. The service worked with the Devon Partnership NHS Trust who supplied a community mental health specialist between 10am to 10pm every weekend in order to support patients with mental health problems.

The service ran a dedicated end of life service which included six designated staff who coordinated and led this. The team worked with the local Macmillan nurses to educate GP practices and acute hospital staff to promote the direct dial telephone line and service. This also included encouraging staff to update special notes to the ADASTRA system to ensure clinicians had access to detailed notes and patients received a continuity of care. The ADASTRA screen had a bespoke screen for Devon which included a template to collect information including contact details, patient requests, routine and just in case medicines, diagnosis, treatment escalation plans and any do not resuscitate requests. OOH staff would 'chase' GP practices who had not provided sufficient records. With consent, the ADASTRA system could be accessed by GP practices, hospices, other hospitals, ambulance service and NHS 111 services so staff could access up to date information. Patients were issued an out of hours leaflet encouraging them or their carers to use a direct dial telephone number without the need to telephone NHS 111 which sped up access to clinical advice. The aim was for a nurse to speak with the patient within 20 minutes or visited within an hour. Devon Doctors met these targets. One of the OOH doctors had performed an audit of patient use of the direct line. Results from the first cycle in 2015 showed that only 46% of end of life calls were coming through the direct telephone line. Further promotion of the scheme was made and then a second cycle audit showed that during the same period in 2016, 50% of end of life calls were coming through the direct telephone line.

The provider also promoted additional advice on the website for patients and their relatives who were at the end of life. Information included a copy of the end of life leaflet, information on what to do when someone dies, how to explain death to a child and coping with bereavement.

Access to the service

The service is open between 6pm and 8am, Monday to Friday and 24hours Saturday, Sunday and Bank Holidays. The provider also offered cover for GPs during lunchtimes and training sessions.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Patients could access the service via NHS 111. There were direct dial telephone numbers for health care professionals and short cut telephone arrangements in place for people at the end of their life so they could contact the service directly. There was is also direct access to the IUCS patients known to the Community Nursing Teams across care homes in Devon. There were direct telephone lines for other providers such as minor injury units, emergency departments and community hospital ward all of which negate the need for patients or healthcare providers to contact NHS111 enabling quick, easy and efficient advice and treatment.

Appointment times were made by the central assessment centre staff. None of the patients we spoke with said they had been waiting for excessive lengths of time. One patient said he had called at 8pm and was seen at 10pm in a treatment centre of his choice.

Feedback received from patients from the 60 CQC comment cards and from the National Quality Requirements scores indicated that in most cases patients were seen in a timely way. For example, receiving a call back from a GP within 30 minutes of phoning the NHS 111 service. Patients also added that consideration of their home circumstances and travel arrangements was taken into account.

The service had a system in place to assess:

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

Listening and learning from concerns and complaints

We saw evidence that Devon Doctors met NQR 6 through operating a complaints system that was consistent with the principles of the NHS complaints procedure and its contractual obligations with the CCG.

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

- Their complaints policy and procedures were in line with the NHS England guidance and their contractual obligations.
- There was a designated responsible person who co-ordinated the handling of all complaints in the service.
- We saw information was available to help patients understand the complaints system. For example, leaflets were available and details included on the website.
- All complaints were monitored to identify trends and patterns and audited to ensure response times were adhered to.
- Complaints were discussed with the CCG and other stakeholders where appropriate.

We were informed there had been 56 complaints for Devon Doctors in 2016 and looked at records for five of these. We looked at these complaints and found they had been satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from feedback within significant event feedback. An analysis of trends and action was taken as a result to improve the quality of care and patients involved in the investigation and feedback where appropriate. Learning from complaints was shared with Devon Doctors and Cornwall Health out of hours staff. For example, a complaint for a Cornwall patient had highlighted not all treatment centres had oxygen monitoring equipment for children. The provider then ensured all treatment centres in Devon and Cornwall had this equipment. A complaint from a patient within Devon had resulted in a change of the way letters of condolence were written. These changes were implemented across Devon and Cornwall.

Feedback from the CCG revealed complaints were managed well by the service.

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

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

The service had a two year business plan in place and engaged in regular reviews of its strategic planning. The service had started a new contract for Devon on 1 October 2016 which would continue until October 2021 (including a review in 2019).

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff via an easy to navigate intranet system.
- The service met National Quality Requirement number seven (NQR 7), which states that providers must demonstrate their ability to match their capacity to meet predictable fluctuations in demand for their contracted service. This included periods of peak demand, such as Saturday and Sunday mornings, and the third day of a Bank Holiday weekend. The service understood the importance of monitoring performance and met the NQRs. Weaknesses and strengths such as key peak times and staff available had been identified and plans created and implemented to address these. For example, an hourly analysis of demand was looked at and a daily report circulated. This highlighted areas of concern or service shortfall together with a timeline report so that appropriate remedial action can be taken, by adjusting rotas and increasing staffing levels.
- Performance was shared with staff and the local clinical commissioning group as part of contract monitoring arrangements.
- A programme of continuous clinical, national and internal audit was used to monitor quality and to make improvements. For example, hourly, daily, monthly and quarterly audits were completed on calls received and staffing requirements. A daily report was produced and fed monthly analysis. For example the October monthly analysis report showed that National Quality Requirements had been met; NQR 9 – 90%, NQR12 – 95%.
- The provider was actively engaged with the inspection process and responded to feedback promptly and thoroughly.
- There were detailed arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was a service level agreement with a pharmacist to provide pharmaceutical support regularly.

Leadership and culture

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

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

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

There was a clear leadership structure in place and staff felt supported by management. Staff were clear about the line management structure within the organisation. We were told there had been a vacancy in nursing leadership but

Are services well-led?

Good

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

systems had been introduced as an interim to provide clinical leadership for nursing and medicine whilst the post was being filled. This was provided by the Medical Director, operational leadership and the Director of Operations. We were informed that one to one clinical supervision for clinicians could be requested but was usually provided by the primary employer.

There were high levels of staff satisfaction. Staff we spoke with were proud to work for the organisation and spoke highly of the senior management team.

The service had recently successfully completed a major office relocation from Manaton Court to modern facilities at Osprey House. This had been achieved within six weeks. Feedback from staff was positive and included feedback that all staff had worked extremely well together to achieve this challenging transition.

Staff explained that there had been re-organisation of services resulting in changes to rosters and some voluntary redundancies. We saw these had been handled in line with their human resources policies. Staff told us some staff had also needed to apply for positions, which meant that for some there had been a reduction in their hours. They told us they had been well supported in this process and were given opportunities of flexible working across all services run by Devon Doctors if they wished to take these up.

Staff said they felt listened to and supported and were always provided with lots of training opportunities. Staff told us they had good working relationships with their managers and were able to contact them easily. One nurse practitioner gave an example of how he had received good feedback regarding a clinical case from the Chief Executive.

- There were arrangements in place to ensure the staff were kept informed and up-to-date. This included providing a "Weekly Update" bulletin to all staff as well as bi monthly clinical updates to the clinical team. These bulletins were also provided on the providers intranet with key messages placed on the front screen of the Adastra system for clinical staff attention. The staff we spoke with stated they read the bulletins and were able to demonstrate where they were located.
- Staff safety was maintained for 'lone working' by fitting all vehicles with GPS tracking devices. This enabled the provider to locate vehicles and staff in areas which did not have telephone signals if emergency situations arose.
- Clinical staff showed us performance review documents and explained to us how they compared their performance to those staff in similar roles. They told us how this information was then used to improve how they fulfilled their role; for example, in how they responded to triaging patients phone calls.

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

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The ways in which patients could offer feedback were promoted on a dedicated feedback section on the homepage of the website titled 'Your Opinion Matters'. The provider worked with local Healthwatch groups to obtain feedback from their events and campaigns as an independent review of the services. Weekly surveys to patients were sent out by Governance Team with a stamped addressed envelope. This had achieved a 30% response rate. Feedback was 100% positive.

The provider used the friends and family test which consistently showed that 98% or over of patients were likely or extremely likely to recommend the service. The provider also monitored social media sites for feedback.

- The service had gathered feedback from patients through surveys and complaints received. For example, changes to governance letters used had been made following feedback from patients.
- The service had gathered feedback from staff through staff meetings, appraisals and discussion. For example, one of the clinicians had suggested introducing the 'tough book' hand held computer device which was now in use. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the service was run.

'Mood checks' were performed alternately with full staff surveys. A recent mood check had resulted in questions which had been answered by the management team. For example, staff asked where they could receive support and were told there was a 'Freedom to Speak Up Guardian' who could be contacted confidentially as well as external support services including occupational health and counselling.

Are services well-led?

Good

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

Continuous improvement

Devon Doctors had been the first organisation to set up GP training and it has since been shared with other OOH providers and Deaneries and rolled out in other areas.

During the inspection we spoke with a GP trainee who spoke of the quality of leadership and support received from GPs and other staff. GP trainees are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine. Devon Doctors offered training of the out of hours service to GP trainees (doctors training to be GPs). They worked with the Deanery to raise the number of out of hours sessions offered to GP trainees from 13 over the three years to 18 – This was in response to feedback from GPs who had completed their training that they felt underprepared to work in the out of hours service. The provider also implemented a half day induction session for all GP trainees in their first year. They attended a formal classroom training session with senior managers and an out of hours GP which covered a comprehensive list of competencies needed.

The service was a founding member of Urgent Health UK. (Urgent Health UK is the federation of Social Enterprise Unscheduled Primary and Community Care Providers committed to providing the highest quality of care for patients.) This collective helped Devon Doctors share and receive best practice processes and achieve cost savings across a range of products including Adastra licences.