FCMS Out of Hours

Quality Report

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 4

What people who use the service say 7

Outstanding practice 7

Detailed findings from this inspection

Our inspection team 8

Background to FCMS Out of Hours 8

Why we carried out this inspection 8

How we carried out this inspection 8

Detailed findings 10

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Urgent Care Centre Blackpool on 14 March 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.
- Risks to patients were assessed and well managed.
- Patients' care requirements were assessed and delivered in a timely way according to need.
- The service met the National Quality Requirements.
- Staff delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was a system in place that enabled staff access to patient records, and the out-of-hours staff provided other services, for example the patient's own 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.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service worked proactively with other organisations and providers to develop services that supported alternatives to hospital admission where appropriate and improved the patient experience.
- The service had good facilities and was well equipped to treat patients and meet their needs. 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 identified the following areas of outstanding practice:

Summary of findings

- The organisation had implemented an End of Life care pathway in conjunction with the Hospice at Home Team. There was a direct referral route for all patients across the Fylde Coast requiring access to the Hospice at Home provision. The service was a tri-partnership between the hospice, FCMS and two local CCGs (Clinical Commissioning Groups) that delivered a unique approach to unscheduled care overnight, reacting to prevent avoidable admissions at the end of life.
- The organisation worked with the ambulance service to reduce hospital admissions and had made some significant changes to how work is distributed around the local healthcare economy. For example in one week 203 ambulance cases were assessed and 186 (91%) were deflected to more appropriate services.

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 system and processes in place to keep patients safe and safeguarded from abuse. 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.
- 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.

Are services effective?

Good

The service is rated asgood 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.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- 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.
- The organisation had implemented an End of Life care pathway in conjunction with the Hospice at Home Team. There was a direct referral route for all patients across the Fylde Coast requiring access to the Hospice at Home provision. The service was a tri-partnership between the hospice, FCMS and two local CCGs (Clinical Commissioning Groups) that delivered a unique approach to unscheduled care overnight, reacting to prevent avoidable admissions at the end of life.
- The organisation worked with the ambulance service to reduce hospital admissions and had made some significant changes to how work is distributed around the local healthcare economy. For example in one week 203 ambulance cases were assessed and 186 (91%) were deflected to more appropriate services.

Are services caring?

Good

The service is rated as good for providing caring services.

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

Are services responsive to people's needs?

Good

The service is rated as good for providing responsive services.

- Service staff reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.

Summary of findings

- 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.

- 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. Patient feedback was obtained by the provider on an on-going basis and included in their contract monitoring reports.

The patient satisfaction feedback between April 2016 to December 2016 showed that the majority (90 to 100%) were either very satisfied or fairly satisfied.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards of which 13 were positive about the standard of care received. Comments included praise for the understanding and the professionalism of the GPs and nursing staff. Patients commented they were happy with the advice and service received and felt listened to. Patients also commented on the caring, helpful and polite service from the receptionists. Patients were satisfied with the availability and timeliness of the appointments.

We spoke with three people (including patients and carers) during the inspection. All the people said they were satisfied with the care they had received and thought staff were approachable, committed and caring.

Outstanding practice

- The organisation had implemented an End of Life care pathway in conjunction with the Hospice at Home Team. There was a direct referral route for all patients across the Fylde Coast requiring access to the Hospice at Home provision. The service was a tri-partnership between the hospice, FCMS and two local CCGs (Clinical Commissioning Groups) that delivered a unique approach to unscheduled care overnight, reacting to prevent avoidable admissions at the end of life.
- The organisation worked with the ambulance service to reduce hospital admissions and had made some significant changes to how work is distributed around the local healthcare economy. For example in one week 203 ambulance cases were assessed and 186 (91%) were deflected to more appropriate services.

FCMS Out of Hours

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist adviser and a second CQC inspector.

Background to FCMS Out of Hours

The Urgent Care Centre Blackpool (Urgent Care Centre Blackpool, Victoria Hospital, Whinney Heys Road, Blackpool, FY3 8NR) provides an out-of-hours (OOH) GP service to the area of Blackpool. The service is provided by FCMS (NW) Limited (Newfield House, Vicarage Lane, Blackpool, FY4 4EW).

The Urgent Care Centre is contracted by the local clinical commissioning group (CCG) to provide OOH primary medical services to registered patients and those requiring immediately necessary treatment when GP practices are closed which includes overnight, during weekends, bank holidays and when GP practices are closed for training.

Most patients access the out-of-hours service via the NHS 111 telephone service. Patients may be seen by a clinician, receive a telephone consultation or a home visit, depending on their needs. Patients can access the service as a walk-in patient. The service is open seven days a week (including bank holidays) 6.30pm to 8am nightly and from Friday 6.30pm to 8am Monday.

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 14

March 2017. During our visit we:

- Spoke with other organisations such as commissioners to share what they knew about the performance and patient satisfaction of the out-of-hours service.
- Spoke with a range of staff employed including receptionists, drivers, clinical staff, managers and board members. We spoke with sessional GPs and clinical staff.
- Observed how patients were provided with care and talked with family members.
- Inspected the out of hours premises, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.
- 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.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the service manager of any incidents and there was a recording form available via the computer system.
- The incident recording system 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.
- The service carried out a thorough analysis of the significant events and ensured that learning from them was disseminated to all staff and embedded in policy and processes.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the service.

Overview of safety systems and processes

The service had 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. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and staff knew who the service safeguarding leads were. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- A summary of the chaperone policy was displayed in the waiting room and treatment rooms advising patients that chaperones were available if required. All staff who acted as chaperones 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). Chaperones were trained for their role.
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control lead and an infection prevention and control protocol in place. Staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance.
- The service employed a range of permanent non-clinical contracted staff and bank staff. This included reception staff, call takers, drivers and managers. Clinical roles included GP's, advanced nurse practitioners, nurse prescribers, nurses, emergency care practitioners and pharmacists. All clinical staff, with the exception of pharmacists,were sessional.
- We reviewed two permanent reception staff personnel files and found appropriate recruitment checks had been undertaken. For example, proof of identification, references, qualifications, and the appropriate checks through the Disclosure and Barring Service. However the staff commenced an induction period before references and DBS checks were received.
- We reviewed one sessional GP file. Details of inclusion on the performers list, General Medical Council, and indemnity arrangements were kept. Copies of DBS checks were also kept from their current or previous employers.
- We saw evidence that all clinicians were asked to sign a contract to state they would ensure they had appropriate indemnity cover and this would be shown to FCMS as it was renewed each year.

Medicines Management

- The arrangements for managing medicines at the service, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, security and disposal).

Good

Are services safe?

- The service carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in accordance with best practice guidelines for safe prescribing.
- Blank prescription forms were securely stored and there were systems in place to monitor their use.
- Emergency medicines, stock medicines (including those held at the service and also in the medicines bags for the out of hours service vehicles) were checked daily.
- Arrangements were in place to ensure medicines and medical gas cylinders carried in the out of hours vehicles were stored appropriately.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in areas accessible to all staff that identified local health and safety representatives. The service had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The service had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- There were systems in place to ensure the safety of the out of hours vehicles. Checks were undertaken at the beginning and end of each shift by the nominated driver. These checks included checking the cars were mechanically safe and ensuring there was no damage. Staff checked and recorded the mileage, cleanliness and fuel level as well as emergency stocks such as torches and first aid boxes. Records were kept of Ministry of Transport annual testing (MOT) and servicing requirements. The provider had additional vehicles ready for use in the event of another being out of service.
- 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 which took into account experienced and non-experienced staff. The inspection team saw evidence that the rota system was effective in ensuring that there were enough staff on duty to meet expected demand.
- The provider had recently reviewed staffing levels during periods of high patient demand as part of the business continuity plan to ensure they met patient need. This was monitored on an ongoing basis and staff skill mix and levels adjusted accordingly. Where there were anticipated and actual gaps, GPs were contacted and offered an enhanced pay rate to cover the shifts. Home based GPs were also able to securely log on to the patient system and triage calls when the demand increased. This was monitored on an ongoing basis and staffing was adjusted accordingly.

Arrangements to deal with emergencies and major incidents

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

- There was an effective system to alert staff to any emergency.
- 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. The accident and emergency department was adjacent to the urgent care centre. A first aid kit and accident book were available.
- Emergency medicines were easily accessible and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The service delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best service guidelines.

- The service had systems in place to keep all clinical staff up to date. Access to guidelines from NICE and other information to deliver care and treatment that met patients' needs was available to all staff.
- The organisation had developed a comprehensive protocol around advance planning for end of life care (EoL) and had integrated this into the out of hour's (OOH) service. The OOH service handled all the calls around EoL care and directed the district nurses, GPs and hospice teams via a central number. The OOH team had the care plan and ensured these patients received prompt and effective care. The integration meant that patients experienced a continuous process of care with each clinician contributing to the ongoing treatment rather than starting afresh. We found this to be a well-managed system to put clinicians in a position from which it was much easier for them to deliver the right care, and harder for clinicians to make a mistake.

Management, monitoring and improving outcomes for people

From 1 January 2005, all providers of out-of-hours services have been required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to the clinical commissioning group on their performance against standards which includes audits, response times to phone calls, whether telephone and face to face assessments happened within the required timescales, seeking patient feedback and actions taken to improve quality.

We reviewed NQR standards data between January 2016 and December 2016 and found the following:

- NQR12 – Face-to-face consultations (whether in a centre or in the person's place of residence) must be started within 1 hour for an emergency, consulted or visited within 2 hours if urgent and consulted or visited within 6 hours if less urgent. Data showed that:
  - 100% of emergency calls received a face to face consultation within one hour.
  - 100% of urgent calls received a face to face consultation within two hours.
  - 100% of less urgent calls received a face to face consultation within six hours.

There was evidence of quality improvement including clinical audit.

- There had been 12 clinical audits undertaken in the last two years; five of these were completed audits where the improvements made were implemented and monitored.
- The service participated in local audits, national benchmarking, accreditation, peer review and research.
- There was ongoing monitoring of the records made by each clinician over time. The frequency of note review increased for new staff members and where a concern was identified. The results of the note review against criteria were used as a quality marker of each individual clinician. The results of this background monitoring were fed back to individual clinicians as part of their professional development, and if there were more serious concerns these were addressed in a meeting between the clinician and the medical director. This system gave FCMS a very clear overview and grip of the quality of work of each clinician, and an early warning system picking up if a clinician's performance was reducing- allowing early support to be mobilised and issues addressed before they became more serious.
- The organisation has worked with the ambulance service to reduce hospital admissions and had made some significant changes to how work is distributed around the local healthcare economy in terms of mobilising more appropriate responses to many 999 calls. The FCMS care co-ordination processes had also been reviewed to redirect patients to more appropriate services. For example in one week 203 ambulance cases were assessed and 186 (91%) were deflected to more appropriate services. Feedback given was that the service helped take the strain out of the A&E departments.

Effective staffing

Permanent staff and bank staff had the skills, knowledge and experience to deliver effective care and treatment. All staff had completed a knowledge skills assessment for their role to identify areas of development.

Good

Are services effective?

(for example, treatment is effective)

- The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were also supported to work alongside other staff and they were offered support during their induction period and regular meetings with their manager took place.
- The service could demonstrate how they ensured role-specific training and updates for relevant staff. For example, training for telephone consultations included theory and practical training. Advanced Nurse Practitioners (ANP) who undertook this role were signed off as competent and had received appropriate training in clinical assessment. The drivers we spoke with had received training and had been monitored to ensure they were driving to a safe standard. There was a system in place to check their driving licences annually to ensure there were no driving convictions. Health checks, such as regular eyesight tests, were also in place.
- The learning needs of permanent staff were identified through a system of appraisals, meetings and reviews of service development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and clinical supervision. Staff who required an appraisal had received an appraisal within the last 12 months; others who had been employed less than a year had them scheduled.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff, employed and locum, had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included access to required special notes and summary care records which detailed information provided by the patient's own GP. This helped the staff to understand the patient's needs. Staff we spoke with found the systems for recording information easy to use and had received appropriate training. Clinical staff undertaking home visits also had access to mobile information technology equipment so relevant information could be shared with them whilst working remotely. Staff told us they felt that the equipment they used was effective.
- The service shared relevant information with other services in a timely way, for example when referring patients to other services.
- Patients who could be more appropriately seen by their own registered GP or an emergency department were referred on. If patients needed specialist care, the out-of-hours service, could refer to specialties within the 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.

The service worked with other service providers to meet patients' needs and manage patients with complex needs. It sent out-of-hours notes to the registered GP services electronically by 8am the next morning in line with the performance monitoring tool, National Quality Requirements (NQR) for GP out-of-hours Services. Staff told us systems ensured this was done automatically and any failed transfers of information were the responsibility of the duty manager to follow up to ensure GPs received information about their patients.

Consent to care and treatment

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

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards of which 13 were positive about the standard of care received. Comments included praise for the understanding and the professionalism of the GPs and nursing staff. Patients commented they were happy with the advice and service received and felt listened to. Patients also commented on the caring, helpful and polite service from the receptionists. Patients were satisfied with the availability and timeliness of the appointments.

We spoke with three people (including patients and carers) during the inspection. All the people said they were satisfied with the care they had received and thought staff were approachable, committed and caring.

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

The patient satisfaction feedback between April 2016 to December 2016 showed that the majority (90 to 100%) were either very satisfied or fairly satisfied.

Care planning and involvement in decisions about care and treatment

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

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

- Staff told us that interpretation 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.
- A system of 'comfort calling' patients was in place to ensure patient welfare if the GP was going to be delayed for a home visit.

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 provider engaged with the NHS England Area Team and the local Clinical Commissioning Groups (CCG) to provide the services that met the identified needs of the local population.

- The GP OOH service provided triage and advice to patients via a direct, normal rate telephone line.
- During the out of hour's period, patients calling their own GP are advised to call 111 via an answer machine message. NHS111 is a phone free service and therefore has no onward cost to the patient.
- Patients were provided with booked appointments following telephone triage and advice as appropriate.
- Home visits were available for patients whose clinical needs resulted in difficulty attending the service.
- The provider supported other services at times of increased pressure to ensure that patients were cared for in their own home as appropriate for example, providing end of life care and supporting those in mental health crises.
- There were accessible facilities, a hearing loop and interpretation services available.

Access to the service

The out-of-hours service utilised a multidisciplinary team of staff including GPs, nurse practitioners, advanced nurse practitioners, nurses, emergency care practitioners and pharmacists. The service provided cover from Monday to Friday between 6.30pm and 8am and weekends from Friday at 6.30pm to Monday at 8am. The service also covered bank holidays.

Patients could access the service via NHS 111 or by 'walk-in' through attending the gateway at the Urgent Care Centre. The service was co-located next to the accident and emergency department in the local hospital. If a patient self-presentedtheywould betriaged by NHS Pathways Reception Point. This NHS approved system streamedthe patient into the Emergency department or primary care based on their needs.

Feedback received from patients from the CQC comment cards and from the National Quality Requirements scores indicated that in most cases patients were seen in a timely way.

The service had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. This was based on a telephone triage with the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with the NHS England guidance and their contractual obligations for GPs in England and the NQR standard.
- There was a designated responsible person who co-ordinated the handling of all complaints in the service. Clinical guidance was sought from a GP when the complaint required clinical input.
- We saw that information was available to help patients understand the complaints system. During the inspection we saw a specific complaints information form on display in the centre. Staff we spoke with were fully aware of the complaints process and how to explain this to patients. Information about how to make a complaint was detailed in full on the services website.

The provider received 40 complaints between January 2016 and December 2016. The provider had categorised the complaints from low to severe harm. We looked in detail at four of these complaints and found they were all handled appropriately, in line with the service complaints procedure and complaints analysed to detect any themes. We noted that the responses were offered an apology, were empathetic to the patients and explanations were clear. Where actions were assigned to prevent reoccurrence, these were followed up and monitored.

There was regular overview of the key themes and issues that were raised in complaints and measures to mitigate these risks and improve the service were taken and disseminated.

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

FCMS is an independent provider with unscheduled care at the heart of the organisation. The aims and objectives were "to provide two core regulated activities; transport services, triage and medical advice provided remotely, and treatment of disease and disorder".

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

- The provider, along with their staff, had developed a set of organisational values.
- The service had a robust strategy and supporting business plans that reflected the vision and values and were regularly monitored.

Governance arrangements

The service had an overarching governance framework that supported the delivery of the strategy and good quality care. 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.
- The provider had a good understanding of their performance against National Quality Requirements. These were discussed at senior management and board level. Performance was shared with staff and the local clinical commissioning group as part of contract monitoring arrangements.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The service utilised "clinical guardian" software which allowed an ongoing audit of the consultations the GPs undertook. This allowed feedback to be seen by the GPs and also fed into the appraisal process.
- Arrangements were in place for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the organisation had other locations registered with the CQC which had also undergone inspections by the CCQ. The leadership team had worked to ensure the issues noted on those inspections had been rectified at this location.

Leadership and culture

The senior management team told us they prioritised safe, high quality and compassionate care. Staff knew who the leads were in the relevant areas and told us the senior management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

This included support training for all staff on communicating with patients about notifiable safety incidents. The directors 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 compliance 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.

- There were arrangements in place to ensure the staff were kept informed and up-to-date.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the providers. Staff had the opportunity to contribute to the development of the service.

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

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

- The service had gathered feedback from patients through surveys.
- The provider had gathered feedback from staff through staff meetings, staff surveys, appraisals and discussion.

Are services well-led?

Good

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

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.

- One staff survey asked "To Support your wellbeing at work what more can we look at?" and the two responses were financial wellbeing and fitness help.
- The service had a whistleblowing policy which included external contacts details and how to access independent advice. Whistleblowing is the act of reporting concerns about malpractice, wrong doing or fraud. Within the health and social care sector, these issues have the potential to undermine public confidence in these vital services and threaten patient safety.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. The service team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The provider worked with the North West Ambulance Service (NWAS) to provide a range of services to reduce unnecessary hospital conveyance and attendance. Through continuous audit and evaluation the service has been proved to be successful in improving the patient pathway and safety. Following a review with NWAS in October 2016, the service concluded that the review had been successful in improving the patient pathway and safety.
- The organisation was looking into 24hour care over seven days and using new innovative ideas and technology and enhancing the workforce skill mix.