

Derbyshire Health United Limited GP Out-of-Hours Service (Mallard House Call Centre, Swadlincote Clinic and Derby Urgent Care Centre)

Quality Report

Mallard House
Stanier Way
Wayvern Business Park
Derby
Derbyshire
DE21 6BF

Tel: 0300 100 0404

Website: www.derbyshirehealthunited.com

Date of inspection visit: 10 and 11 November 2015

Date of publication: 12/04/2016

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

Summary of findings

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask and what we found	5
What people who use the service say	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	9
Background to Derbyshire Health United Limited GP Out-of-Hours Service (Mallard House Call Centre, Swadlincote Clinic and Derby Urgent Care Centre)	9
Why we carried out this inspection	10
How we carried out this inspection	10
Findings by main service	12
Action we have told the provider to take	24

Summary of findings

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Derbyshire Health United Limited (DHU) GP Out-of-Hours service at Mallard House Call Centre, Swadlincote Clinic and Derby Urgent Care Centre on 10 and 11 November 2015. Overall the service is rated as good.

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

- The primary care centres where patients were seen had good facilities and were well equipped to treat patients and meet their needs. Vehicles used for home visits were clean and also well equipped.
- There was strong and clear leadership. Staff felt supported by senior management and directors who were visible on shifts to support the smooth running of the service.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- There are innovative approaches to providing integrated person-centred care. Rightcare plans were developed by the patient's GP and shared with the GP out of hours service for clinically high demand patients. Special notes were used to record relevant information about patients.
- The service had a clear vision and strategy to deliver high quality, safe and effective healthcare and promote good outcomes for patients. The service was responsive to feedback received from patients and staff and used information available proactively to drive service improvements.

The areas where the provider must make improvement are:

- The provider must ensure there are effective and robust systems in place to ensure controlled drugs registers are completed correctly across all locations.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording serious incidents and staff understood and fulfilled their responsibilities to raise concerns, and were encouraged to report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the service.
- The service had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff understood their responsibilities and had received training relevant to their role.
- There was some inconsistency in the terminology used to record the receipt of stock of medication at Mallard House. This was rectified immediately and written confirmation was provided of the changed made.
- Risks to patients were assessed and well managed.

Are services effective?

The provider is rated as good for providing effective services.

Good



- Systems were in place to ensure clinicians were kept up to date with best practice guidance such as National Institute for Health and Care Excellence (NICE) guidelines.
- Data showed that although the service was not always meeting National Quality Requirements (performance standards) for GP out-of-hours services to ensure patient needs were met in a timely way, action had been taken to address the issues.
- 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.
- The service worked closely with patients' own GPs and information was shared with the GP out of hours service through Rightcare plans and special notes, ensuring that the patient's needs and wishes were known.

Are services caring?

The provider is rated as good for providing caring services.

Good



- Data showed that patients rated the service similar to or above others in relation to the care they received.

Summary of findings

- Patients said they were treated with dignity and respect by helpful, polite and caring staff. Patients were satisfied that they were involved in decisions about their care and treatment.
- Staff were mindful of patient confidentiality and advised us that they would offer somewhere private if a patient wished to discuss sensitive issues or appeared distressed.

Are services responsive to people's needs?

The provider is rated as good for providing responsive services.

- The service understood the needs of the population it served and engaged with the local Clinical Commissioning Group to provide services that were responsive to the needs of the population.
- The provider worked collaboratively with other providers to identify opportunities and develop schemes to improve the services patients received. This included the local NHS Mental Health Trust to support patients with mental health needs who contacted the service.
- There were innovative approaches to providing integrated person-centred care. Rightcare plans were developed by the patient's GP and shared with the GP out of hours service for clinically high demand patients. Calls received from patients identified as having a Rightcare plan were prioritised as urgent and transferred directly to a clinician for assessment. Special notes were used to record relevant information about patients.
- Patients were offered appointments at a time and location that suited them.
- Information about how to complain was available and easy to understand. Evidence seen showed that the service responded quickly and sensitively to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The service had a clear vision and strategy to deliver high quality, safe and effective healthcare and promote good outcomes for patients. Staff were clear about the vision for the service and their responsibilities in relation to this.
- 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.

Good



Summary of findings

- 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 partners encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- 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

Feedback we received from patients from the 84 completed CQC comment cards and our conversations with three patients at two of the primary care centres were very positive. Everyone was satisfied with the service they had received, they found staff polite and helpful and that they were treated with respect. However, five patients commented about the long wait to be seen.

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

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

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure there are effective and robust systems in place to ensure controlled drugs registers are completed correctly across all locations.

Derbyshire Health United Limited GP Out-of-Hours Service (Mallard House Call Centre, Swadlincote Clinic and Derby Urgent Care Centre)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and included two further CQC inspectors, an Out of Hours GP, a nurse, a practice manager and two pharmacy inspectors.

Background to Derbyshire Health United Limited GP Out-of-Hours Service (Mallard House Call Centre, Swadlincote Clinic and Derby Urgent Care Centre)

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

Detailed findings

DHU provides an GP out of hours service for over one million people living in Derbyshire. Deprivation levels vary between Derbyshire and Derby City, with Derbyshire being lower than the national average and Derby City higher. The majority of people are registered with a GP, 90.5% of people living in Derbyshire and 88.7% of people for Derby City. Both Derby City and Derbyshire have a higher than average proportion of middle aged people (40 – 59 years). Derby City has a culturally diverse population with 19.8% of people from a black and minority ethnic community.

Patients access the GP out of hours service by telephoning NHS111, where their medical need is assessed based on the symptoms they report when they call. If patients need to be seen by a clinician, appointments are booked directly at the most convenient primary care centre, or a home visit requested. The timing of appointments is prioritised according to patient need.

The primary care centres are located at:

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

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

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

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

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

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

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

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

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

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

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

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

The GP out of hours service is available from 6pm until 8am Monday to Thursday, from 6pm Friday through to 8am Monday and on Public Holidays. The times when services are offered varies for each location although a number provide the service seven days a week. These include the locations in Derby, Chesterfield, Swadlincote and the High Peak area.

At the time of our inspection DHU engaged the services of 194 GPs who worked on a sessional basis. DHU employed salaried GPs, three levels of nurses depending on their qualifications - advanced nurse practitioners, nurse practitioners and minor condition nurses, health care assistants / receptionist / phlebotomist, co-ordinators and transport staff.

DHU was last inspected in February 2014 as part of the GP OOHs pilot project carried out by CQC. That inspection focused on the GP out of hours service provided from the call centre and primary care centre at Ashgate Manor, and the primary care centre at Chesterfield Royal Hospital.

We did not inspect the 'District Nursing Evening and Overnight' services as part of this inspection.

Why we carried out this inspection

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

How we carried out this inspection

The purpose of the inspection was to report on the GP out of hours service provided by Derbyshire Health United. The service was accessed via NHS 111 and patients who needed to be seen by a clinician were either given an appointment to visit a primary care centre or offered a home visit if appropriate.

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

Detailed findings

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

- Visited two primary care centres at Swadlincote Clinic and Derby Urgent Care Centre during the evening of 10 November 2015.
- Visited Mallard House Call Centre during the evening of 10 November 2015 and on 11 November 2015.
- Spoke with a range of clinical and non-clinical staff (including GPs, nurses, shift and team leaders, reception staff, senior managers, directors and non-executive directors).

- Spoke with patients attending Swadlincote Clinic and Derby Urgent Care Centre.
- Reviewed how patients were cared for.
- Reviewed documentation made available to us.
- Reviewed comment cards where patients and members of the public shared their views and experience 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?

Are services safe?

Summary of findings

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

- There was an effective system in place for reporting and recording serious incidents and staff understood and fulfilled their responsibilities to raise concerns, and were encouraged to report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the service.
- The service had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff understood their responsibilities and had received training relevant to their role.
- There was some inconsistency in the terminology used to record the receipt of stock of medication at Mallard House. This was rectified immediately and written confirmation was provided of the changed made.
- Risks to patients were assessed and well managed.

Our findings

Safe track record and learning

The service had a system in place for reporting, recording and monitoring serious incidents. People affected by serious incidents were offered the opportunity to review the reports and were told about actions taken to improve care. Staff reported any concerns regarding patient safety or any other incidents via the electronic 'Datix' system. The provider carried out an analysis of the serious incidents.

Three serious incidents had been reported between October 2014 and September 2015 for the GP out of hours service. We reviewed the records relating to these. Serious incidents and patient safety incidents were reviewed at the monthly Quality and Patient Safety Sub-Committee Meeting. Serious incidents were investigated by the Head of Integrated Governance / Deputy Head and discussed with the Clinical Commissioning Group. Learning from serious incidents was shared with individual staff as required and with all staff via the monthly Clinical Update Newsletter. Urgent communication with clinicians was facilitated via alerts on the computer desktop when clinicians log in for their shift. We saw that the provider had identified that a lack of adequate safety netting (advising patients to seek further medical advice if their condition deteriorates) had been judged as a contributory factor in a number of serious incidents. Guidance had been issued to staff via the clinical update on the importance of safety netting and recording the information in the patients' notes.

Overview of safety systems and processes

The provider had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. Clear information was available outlining who to contact for further guidance if staff had concerns about a patient's welfare. Flowcharts were available to guide staff when making a referral and contact numbers were easily accessible. Staff were supported by named safeguarding leads for children and adults. Staff spoken with demonstrated they knew who the safeguarding leads were, understood their responsibilities and had received training relevant to their role.

Are services safe?

- Special notes were used to identify if children were at risk, for example children on child protection plans, or were vulnerable adults, for example residing in a care home or patients with a learning disability. Systems were also in place to report concerns to health visitors or school nurses for further assessment. The safeguarding leads monitored all referrals for trends, such as within care homes, or if the frequency of contact for a frequent caller increases, which may indicate increased vulnerability.
- A chaperone policy was available for staff to refer to. Staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children and adults who may be vulnerable.
- Appropriate standards of cleanliness and hygiene were followed. We observed the two primary care centres we visited to be visibly clean and tidy. There was an infection control clinical lead nurse who was responsible for carrying out the infection control audits. Annual infection control audits were completed for all primary care centres where patients were seen. Action plans had been put in place to rectify any issues identified. Information about infection control updates was included in the clinical update newsletter, for example information on hand hygiene / below elbows, and information from the World Health Organisation – Who Saves Lives/Clean Your Hands. We looked at a number of vehicles used to take GPs and District Nurses to consultations in patients' homes. We saw these were clean and well maintained. Personal protective equipment, sanitizing wipes and sharps boxes were available.
- There was a nurse lead for medicines management who took overall responsibility for arranging the storage, supply and monitoring of medication, with link nurses responsible for managing stock at each site. Controlled drugs (CD) were held and appropriate registers were in place. There was a robust process for the transfer of bulk CD stock into vehicle stock which was only accessible to clinicians and for the tracking of the administration to patients. However, the CD register at Mallard House was not completed correctly, as staff had sometimes recorded that a box of CDs were received rather than the

number of vials received. We were assured by staff at the time of inspection that this would be corrected. Written assurances were provided following the inspection detailing the action taken to address this issue.

- The provider had employed a pharmacist to produce the Patient Group Directions (PGDs)
- Recruitment checks were carried out and the nine files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The provider checked that GPs were on the performers list and had the necessary indemnity insurance to cover out of hours work.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The provider had up to date fire risk assessments. 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 provider had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff needed to meet patients' needs. The provider used a model to forecast activity per hour across each shift and this translated into predicted staff required. A buffer of 15% staffing was added to allow for sickness and short notice problems. The rota management team populated the rota with the required numbers of staff.

Arrangements to deal with emergencies and major incidents

All relevant staff received annual basic life support training and there were emergency medicines available in each primary care centre and in the vehicles used to transport GPs to consultations in patients' homes. Equipment included a defibrillator and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area and all staff knew of their location. All the medicines we checked were in date and fit for use.

Are services safe?

The provider had a comprehensive business continuity plan that was available to staff. This contained detailed information on the action in specific situations, such as the loss of the electronic systems or excess demand.

Are services effective?

(for example, treatment is effective)

Summary of findings

The provider is rated as good for providing effective services.

- Systems were in place to ensure clinicians were kept up to date with best practice guidance such as National Institute for Health and Care Excellence (NICE) guidelines.
- Data showed that although the service was not always meeting National Quality Requirements (performance standards) for GP out-of-hours services to ensure patient needs were met in a timely way, action had been taken to address the issues.
- 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.
- The service worked closely with patients' own GPs and information was shared with the GP out of hours service through Rightcare plans and special notes, ensuring that the patient's needs and wishes were known.

Our findings

Effective needs assessment

The provider carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The Clinical Effectiveness Group identified relevant updates from NICE and updated policies, procedures and clinical standards accordingly. The clinical directors determined what information needed to be included in the monthly newsletter. The provider had produced a Clinician's Manual to support clinical staff in their role. Clinicians were kept up to date via the newsletters, sessional GP support group for case reviews, and discussion of cases/outcomes, and educational sessions relating to specific conditions, for example red eye and abdominal pain. Clinical staff were able to access the British National Formulary (BNF) and Toxbase (data base relating to poisons and overdoses). The provider monitored how the guidelines and policies and procedures were followed through end to end call reviews, serious incidents and thematic reviews of the care of specific groups of patients, for example those with mental health needs.

Management, monitoring and improving outcomes for people

The provider was monitored against the National Quality Requirements (NQRs) for out of hours providers that capture data and provide a measure to demonstrate that a service is safe, clinically effective and responsive. The provider is required to report on these to the Clinical Commissioning Group. We looked at the National Quality Requirements (NQRs) for GP out of hours services and found that where there had not been full compliance, action had been taken. For example recruitment of additional clinicians.

The provider undertook a quarterly audit on the prescribing of antibiotics. The provider is required to carry out these audits as part of their contract to provide GP out of hours services. Educational material had been provided to clinicians as well as information targeted to clinicians shown in the audits as prescribing outside of guidelines. There had been a significant improvement in performance over the past three quarters, resulting in less inappropriate antibiotics being prescribed with inappropriate quantities.

Are services effective?

(for example, treatment is effective)

We saw two examples of audits undertaken by the provider during 2015. Both of these were single cycle audits, and the findings had been reported to the Integrated Governance Committee. One audit related to the management of feverish illness in children by non-paediatric practitioners, and the other related to the use of the Paediatric Observational Priority Score (POPS) when assessing children. The second audit included feedback from DHU clinicians and from the paediatric consultations in two local accident and emergency departments. The audit contained a number of recommendations which have been implemented including providing laminated copies of the POPS chart in all clinical rooms and vehicles to act as a reference tool, clinicians who had not previously used the chart to receive familiarisation training and to have a designated clinician to lead on improving the use of the chart. The tool was being used in face to face setting to improve and assist in the recognition of the sick child, and used in conjunction with the fever guidelines for paediatrics.

We reviewed DHU's reported performance against set targets for the period July to September 2015. We saw that during this period 99.9% of patient notes had been sent to GP practices before the 8am deadline (target 95%). We saw that for face to face consultations within an hour at a primary care centre averaged 100% (target 95%) and within two hours averaged 90.5% (target 90%) although July's average was 88.5%. Face to face consultations within six hours (99.6%) and 12 hours (100%) were both above the target of 85%. We saw that DHU had exceeded the agreed targets for carrying out home visits within the specified timescales.

Effective staffing

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

- The provider had a corporate induction programme for newly appointed members of staff that covered such topics as integrated clinical governance, information governance, fire safety, health and safety and equality and diversity. Staff then completed an induction and probationary period appropriate to their job role.
- The provider also had a mandatory training programme that covered topics such as basic life support, safeguarding adults and children and infection prevention and control.
- The learning needs of staff were identified through ongoing assessments and meetings and a system of appraisals was in place for example, all advanced nurse practitioners (ANPs) received their appraisal by the ANP team leader who was a senior nurse. Personal objectives and training and development plans were developed and reviewed annually or more frequently if required. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work.
- Clinical supervision processes were in place for all GPs, ANPs and emergency care practitioners including reflective feedback. For example nurse practitioners received clinical supervision from trained clinical supervisors. Newly appointed ANPs were assessed when undertaking home visits and were not allowed to carry out home visits alone until they had been signed off as competent. All nurses received clinical supervision from senior ANPs. ANP appraisals were carried out by the ANP team leader who was a senior nurse. All nurses are professionally accountable to the Director of Nursing and Quality.
- All GPs were audited on the quality of their clinical practice including face to face and telephone consultations and received a quarterly productivity and performance report. The Royal College of General Practitioners (RCGP) audit toolkit was used. Any underperforming GPs would be required to attend a face to face meeting with the Clinical Director.
- All drivers were required to undertake an annual driving assessment. Regular driving licence checks were carried out and we saw evidence of a driver's manual located in the primary care centre which included protocols for training requirements, breakdown procedures and home visit guidelines. Driving staff were also required to complete a medical with their own GP every three years.
- DHU had introduced the role of minor conditions nurse, in order to meet the needs of the service and provide a career development pathway for registered nurses. This was an internal training course for nurses and competency was assessed by the training team. Nurses were also supported to obtain formal academic qualifications to become advanced nurse practitioners. A similar training package had been developed for staff who wished to become health care assistants. Staff received training on a range of clinical skills, and competency was assessed by the training team or in practice by the nurse practitioner depending on the skill being assessed.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the summary care records, special patient notes (created by the patient's own GP and shared with the out of hours provider) and the Rightcare advanced care planning system (used to support patients who have complex medical needs and to avoid unnecessary hospital admissions). Systems were in place to ensure that the information following consultations was sent the patient's own GP before the practice opened the following day.

Consent to care and treatment

Training on mental health awareness for staff was available. Care plans recorded patients' wishes regarding care and treatment and recorded the patient's consent to certain decisions, for example, 'do not attempt cardiopulmonary resuscitation' (DNACPR) care plans.

Health promotion and prevention

We observed that health information and leaflets were available in the primary care centres.

Are services caring?

Summary of findings

The provider is rated as good for providing caring services.

- Data showed that patients rated the service similar to or above others in relation to the care they received.
- Patients said they were treated with dignity and respect by helpful, polite and caring staff. Patients were satisfied that they were involved in decisions about their care and treatment.
- Staff were mindful of patient confidentiality and advised us that they would offer somewhere private if a patient wished to discuss sensitive issues or appeared distressed.

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone.

- 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff were mindful of confidentiality and advised us that they would offer somewhere private if a patient wished to discuss sensitive issues or appeared distressed.

Feedback we received from patients from the 84 completed CQC comment cards and our conversations with three patients at one of the primary care centres were very positive. Everyone was satisfied with the service they had received, they found staff polite and helpful and that they were treated with respect. However five patients commented about the long wait to be seen.

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

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

Are services caring?

Care planning and involvement in decisions about care and treatment

Feedback received from patients told us that they felt listened to and that treatment was explained in a way they could understand to enable them to make informed decisions about their care and treatment.

Clinicians made use of care plans and special notes from the patients' usual GP during consultations.

Translation services were available and staff knew how to access these services. Notices were in place informing

patients about the availability of language line. Information leaflets were available in a range of languages. Staff told us they had requested leaflets in Chinese to meet the needs of the Chinese community.

Patient/carer support to cope emotionally with care and treatment

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

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The provider is rated as good for providing responsive services.

- The service understood the needs of the population it served and engaged with the local Clinical Commissioning Group to provide services that were responsive to the needs of the population.
- The provider worked collaboratively with other providers to identify opportunities and develop schemes to improve the services patients received. This included the local NHS Mental Health Trust to support patients with mental health needs who contacted the service.
- There were innovative approaches to providing integrated person-centred care. Rightcare plans were developed by the patient's GP and shared with the GP out of hours service for clinically high demand patients. Calls received from patients identified as having a Rightcare plan were prioritised as urgent and transferred directly to a clinician for assessment. Special notes were used to record relevant information about patients.
- Patients were offered appointments at a time and location that suited them.
- Information about how to complain was available and easy to understand. Evidence seen showed that the service responded quickly and sensitively to issues raised. Learning from complaints was shared with staff and other stakeholders.

Our findings

Responding to and meeting people's needs

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

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

- Systems were in place to electronically record additional information for patients with complex health and social care needs or may be at risk to themselves or others; or cannot manage their healthcare themselves. The information was available to call advisors and clinicians at the time the patient or their carer contacted the GP out of hours service and assisted the clinicians to safely meet the needs of these patients.
- Rightcare plans were developed for clinically high demand patients, such as frequent users of primary and secondary care, patients on a palliative care register or a terminal care pathway, patients with complex medical conditions or complex mental health conditions with an active management plan in place. These care plans were developed by the GP and shared with the out of hours GP service. The plans allowed clinicians to manage patients at risk of admission in a more sensitive manner. Calls received from patients identified as having a Rightcare plan were prioritised as urgent and transferred directly to a clinician for assessment.
- Special notes were used to record relevant information for patients such as frequent callers, children subject to child protection plans, patients who are known to be violent or the location of medicines in a patient's home.
- DHU operates a district / community nursing care out of hours service, which provided urgent and routine care for patients. Systems were in place for out of hours community staff to forward calls / visits to GPs as required.
- The premises used were suitable for patients with disabilities.

Are services responsive to people's needs?

(for example, to feedback?)

Access to the service

Patients accessed the GP out of hours service through NHS 111 where their medical need was assessed based on the symptoms they reported when they call. If patients needed to be seen by a clinician, appointments could be booked directly at the most convenient primary care centre, or a home visit requested. The timing of appointments was prioritised according to patient need.

The GP out of hours service was available from 6pm until 8am Monday to Thursday, from 6pm Friday through to 8am Monday and on Public Holidays. The GP out of hours service operated from 12 locations situated within Derbyshire. These locations were co-located within local hospitals and other health care settings. The times when services were offered varied for each location although a number provided the service seven days a week. These included the locations in Derby, Chesterfield, Swadlincote and the High Peak area.

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

- 84.7% of patients in NHS North Derbyshire Clinical Commissioning Group (CCG) and 78.8% of patients in NHS Southern Derbyshire CCG said they could easily contact the GP out of hours service by telephone, compared to the England average of 76.9%.

We visited two primary care centres during this inspection. We observed that all of the patients seen during a certain time period at one of the care centres were 'walk in' patients rather than patients who had made appointments through the GP out of hours service. Although this centre did accommodate 'walk in' patients, the preferred route was through a booked appointment via NHS 111. Staff told

us this made it difficult to plan the work load throughout the opening hours. We spoke to two patients at this centre. One of them told us they had contacted the GP out of hours service via NHS 111 and had been told to visit the centre but had not been given an appointment. This patient commented that this could result in a long wait before patients were seen.

Listening and learning from concerns and complaints

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

Information about how to complain was on the organisation's website. Patients who made a complaint were sent a copy of complaints leaflet, which was available in a number of different languages.

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

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

Are services well-led?

Good 

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

Summary of findings

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

- The service had a clear vision and strategy to deliver high quality, safe and effective healthcare and promote good outcomes for patients. Staff were clear about the vision for the service and their responsibilities in relation to this.
- 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 partners encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- 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.

Our findings

Vision and strategy

The provider had a clear mission statement to provide caring, high quality, safe and effective healthcare to the patients and communities that it served. Following staff engagement the provider had developed a set of core values, which were to be Caring and compassion, Always professional, Respect and Everyone matters (CARE). These values were on display and printed on the lanyards used for staff identify badges. Discussions with staff demonstrated they were aware of the mission statement and the values.

There was a strategic plan in place to achieve the mission statement and core values. This consisted of five objectives; patient safety, focus on prevention and self-care, supporting our workforce, good governance and integration through partnership. There were robust systems in place to monitor that the objectives were being met.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Provider specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the provider.
- A system for reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of events actively took place.
- A system of continuous audit cycles which demonstrated an improvement in outcomes for patients.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Are services well-led?

Good 

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

Leadership, openness and transparency

There was a clear leadership and management structure in place. The executive team were supported by the board of non-executive directors with a range of experience and backgrounds.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. We found the service to be open and transparent and prepared to learn from incidents and near misses.

The provider was committed to developing the workforce and there was evidence that staff were supported to attend training appropriate to their roles. The provider had developed a training programme to enable non clinical staff to develop their skills to become health care assistants. Lead roles had been developed, for example infection control lead nurse, and staff were supported to develop additional skills and knowledge around their lead role. The provider ensured that the GPs were involved in revalidation, appraisal schemes and continuing professional development. Support with the newly introduced revalidation for nurses was also available. There was evidence that staff had learnt from incidents and there was evidence of shared learning between staff.

Staff told us that regular staff meetings were held. We saw from the minutes that there was an open culture and staff had the opportunity to raise any issues at the team meetings. We saw from the nurse practitioner meetings that concerns had been raised about the personal safety of staff when carrying out home visits. Representatives from Derbyshire Constabulary had been invited to the meetings to discuss personal safety in these situations.

Practice seeks and acts on feedback from its 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 engaged the services of an external company to obtain the views of patients who had used the GP out of hours service and attended treatment centres. Comments made by patients were analysed and investigated. The comments seen for October 2015 demonstrated that patients had received appropriate care and treatment in a timely manner. Patients were also offered the opportunity

to complete the NHS Friends and Family Test and the results analysed every month. Results from the surveys and the Friends and Family Tests were discussed at the Patient and Public Involvement Sub-Committee and any actions raised forwarded to the integrated Governance Committee.

The provider had carried out a staff survey during February and March 2015 and 194 members of staff responded. The survey identified that staff were satisfied with the care that they were able to provide and felt that their role made a difference to patients. Positive comments were also made regarding appraisals and review processes. However, the survey also identified a number of areas that required addressing, for example how involved staff feel in decision making about changes affecting the service and the effectiveness of communication between senior management and staff. An action plan had been developed and was discussed at the monthly Communication and Engagement Forum, which was attended by representatives from each of the different staff groups. A staff engagement event had been held in July 2015, and the results of the survey were shared at this event. Following feedback from staff, the provider had introduced long service awards in recognition of an individual's loyalty to DHU and the predecessor organisations and the 'limelight' award, in recognition of employee effort, centred on their exceptional contribution in providing not only quality patient care but care and compassion for each other. Details of the winner of the 'limelight' award were shared with staff in the monthly Board Brief.

Innovation

DHU worked collaboratively with other providers and were involved with a number of Vanguard projects, with the aim of developing new models of care. For example, DHU were part of the Erewash Multispecialty Community Provider, which included the Derbyshire Community Health Services NHS Foundation Trust, Derbyshire Healthcare NHS Foundation Trust, Erewash GP Provider Company,) and NHS Erewash Clinical Commissioning Group. The Vanguard will develop a prevention team made up of health and care professionals including GPs, advanced nurse practitioners, mental health nurses, extended care support and therapy support. It will deliver services to people who do not require hospital services and can be treated for their conditions in a community setting. DHU was leading on self care and making shared decisions a reality.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not being provided in a safe way for service users.</p> <p>The provider was not assessing the risks to the health and safety of service users of receiving the care or treatment or doing all that is reasonably practicable to mitigate any such risks.</p> <p>The provider did not have appropriate arrangements in place for the proper and safe management of medicines.</p> <p>The provider had not ensured that there were robust and effective systems in place to ensure controlled drugs registers were completed correctly and up to date at all locations.</p> <p>These matters are in breach of regulation 12(1), 12(2)(g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>