Urgent Care 24 Limited

Quality Report

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

Ratings

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

Summary of findings

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Letter from the Chief Inspector of General Practice

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced inspection at Urgent Care 24 Limited (an out of hours provider) on the 19 and 20 March 2018. This was carried out as part of our inspection process and a comprehensive inspection was completed. During the inspection we visited four of the provider's out of hours locations.

At this inspection we found:

- The service had a good safety record. They had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from these and improved their processes.
- The service had clear systems to keep people safe and safeguarded from abuse.
- There was an effective system to manage infection prevention and control, at the time of inspection infection audits were taking place at each of the locations used by the provider.
- The service had reliable systems for appropriate and safe handling of medicines, which included regular audit and external scrutiny.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. The provider had systems to keep clinicians up to date with current evidence based practice. They ensured that care and treatment was delivered according to evidence- based guidelines.
- The service was actively involved in quality improvement activity, including working closely with external agencies and commissioners to meet patient's needs.
- Staff had the skills, knowledge and experience to carry out their roles. They involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs. Staff worked together, and worked well with other organisations to deliver effective care and treatment.

Summary of findings

- Patient feedback we reviewed including the NHS Friends and Family Test, internal service surveys and other feedback collected by the service was positive about the care and service patients received.
- The provider understood the needs of its population and tailored services in response to those needs. The provider engaged with commissioners to secure improvements to services where these were identified.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. For example, the service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was a focus on continuous learning and improvement at all levels within the service.

We saw a number of areas of outstanding practice:

- There was evidence that incident reporting was widely promoted across the organisation. Staff had received risk management and root cause analysis training and there were high numbers of incidents reported through the Datix system. This suggests there was good awareness of the importance of reporting patient safety incidents and near misses across the service. When significant events had occurred there were good systems for reviewing and investigating, learning and sharing lessons to improve safety in the service.
- The provider improved services where possible in response to unmet needs. For example, prior to December 2017 an electronic Escalation Management System (EMS) was introduced into the service. This information system was in operation across a number of service providers across the Clinical Commissioning Group (CCG). The aim of the new system was to ensure that all staff in each organisation were kept aware of service pressures and activities across the healthcare providers, so that patients could be diverted to services that were less busy. All service and shift managers provided support for this along with members of the executive team.
- There was a strong emphasis on the safety and well-being of all staff. As a team they supported each other and we saw that events and training were organised to build a strong team ethic. We saw that a food bank for staff had been set up by the provider, so food could be left anonymously for staff members if they were struggling financially at home.
- The service provided a free taxi service to patients who were unable to pay for their journey to the outreach clinics.

The areas where the provider **should** make improvements are:

- Review and develop an overarching management system to ensure that all the premises where care and treatment are delivered are clean, suitable for the intended purpose, maintained and where required, appropriately located. This should include annual assurance that health and safety and infection control risk assessments required have been completed and any issues identified have been addressed.
- Review the Datix system and risk register to ensure that all reported significant events are closed off the system when investigations and actions have been taken.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

Areas for improvement

Action the service SHOULD take to improve
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- Review and develop an overarching management system to ensure that all the premises where care and treatment are delivered are clean, suitable for the intended purpose, maintained and where required, appropriately located. This should include annual assurance that health and safety and infection control risk assessments required have been completed and any issues identified have been addressed.
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Outstanding practice

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Urgent Care 24 Limited

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and three CQC Inspectors.

Background to Urgent Care 24 Limited

Urgent Care 24 Ltd (UC24) is a social enterprise providing out of hours primary care services across Liverpool, Knowlsey and Halton areas. All patients are referred to UC24 through the NHS 111 triage system or directly by other health care professionals.

The service operates from 6.30pm to 8am Monday – Thursday and 6:30pm Friday – 8am Monday. It is coordinated from the Wavertree Headquarters with face to face care being offered in specific locations across the three commissioning areas. The service operates against nationally and locally agreed Quality Requirements which are monitored by commissioners on a monthly basis.

UC24 operates a same day extended hour's service for the Knowsley CCG. Appointments or home visits with a UC24 GP are booked directly by the patient's own GP through EMIS Web. The UC24 GPs have access to the patient records through EMIS Web.

A home visiting service is available for patients not able to attend one of the provider locations. As an organisation UC24 Ltd aims to work in collaboration with other providers in the primary, secondary and community sectors to facilitate treatment of patients by the right practitioner, at the right time and in the most appropriate location. UC24 Ltd staff operate in the Accident and Emergency (A&E) units at Aintree, the Royal Liverpool and Alder Hey hospitals where they see patients transferred from the A&E unit. Cases are also referred directly by the North West Ambulance Service where they are triaged as appropriate for primary care. Patients also receive telephone advice or support.

Good

Are services safe?

Our findings

We rated the service as good for providing safe services.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training.
- The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. Information about safeguarding was available at each of the desks used by staff. The service had arrangements to safeguard adults and children from abuse and neglect that reflect relevant legislation and local requirements. Staff we spoke with understood their responsibilities to adhere to safeguarding policies and procedures, including working in partnership with other agencies. There was a system to highlight vulnerable patients on records e.g. children on child protection plans, female genital mutilation (FGM) victims, and patients diagnosed with mental health or patients with mobility issues. This information was included in the handover to the patient's GP when required.
- The service worked with other agencies to support patients and protect them from neglect and abuse, such as social services and the community healthcare teams. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider undertook a safeguarding diagnostic assessment of the safeguarding arrangements within the service in May 2017. The provider was not bound to undertake this audit but did so to develop best practice and strengthen the current safeguarding arrangements. The results were shared with the board of directors and a task and finish group was sent up to review and implement the recommendations made by the report.
- All staff received up-to-date safeguarding and safety training appropriate to their role. For example, level 3 competences for GPs, nurses and locums working with children and young people. They knew how to identify and report concerns.
- The provider carried out staff checks at the time of recruitment and on an on going basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). All staff undertaking a chaperoning role had been appropriately trained and a DBS was completed for them. However, some of the driving staff group did not have this check undertaken and this was discussed with the senior management team during the inspection. Immediate actions were taken and confirmation was received by CQC that applications for a DBS for all drivers had been completed.
- There was an effective system to manage infection prevention and control (IPC). We observed that overall the premises were clean and tidy however, observations at the Old Swan location had some areas that required improvements, such as unclean floor areas and boxes in which equipment was held. Action was taken immediately by the team to show the issues raised had been addressed. We were told that healthcare workers decontaminate their hands immediately before and after every episode of direct contact or care. Equipment was decontaminated between use. The service had up to date infection prevention and control (IPC) policies in place, with a senior manager as lead for IPC. New IPC audits had been introduced for assessment in each of the out of hours locations. Each of the locations we visited had a cleaning schedule but there was no monitoring of this taking place. The provider was unaware of the systems in place at each of the out of hours locations because these were considered the responsibility of the host organisation. Following inspection evidence was provided to show that legionella testing had been undertaken at each of the locations.
- The provider operated across eight locations that were hosted by separate organisations that managed and

maintained the premises. The host organisations had the responsibility under lease arrangements to ensure that the facilities and buildings were safe and maintained according to manufacturers' instructions. Systems were in place for ensuring that UC24 Ltd monitored the information to show that each building was safe and fit for purpose. However, this was not in place for all host organisations. We discussed this with the senior management team on the days of inspection and immediate actions were taken to gain this assurance from the host organisations. This information was sent to us following the inspection. We found that UC24 Ltd had equipment (including equipment taken on home visits) that conformed to the relevant safety standards and manufacturer's instructions. For example, electrical equipment was PAT tested and equipment needing servicing and calibration had this completed.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- The provider held weekly Harms Meetings covering each department across the organisation. The aim of this meeting was to ensure a consistent approach for undertaking and learning from all incidents, complaints and other reported events. The chair of the group had the responsibility to provide the executive team with assurance that adequate and appropriate structures, processes and controls were in place throughout the organisation. Action logs and a corporate risk register was kept and reviewed at each board meeting. We looked at the log (Datix system) which reported significant events and found that not all events added to the log by staff, were closed when investigations had taken place and actions were completed.
- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand, this was managed centrally by the management team and it included the use of locum and bank agency clinicians.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits.
- Processes were in place to ensure that staff were kept safe during home visits, including provision of equipment when working alone. Systems were in place to monitor staff welfare and safety off site.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse. All reception staff were trained to be aware of "red flag" presenting complaints (i.e. chest pains and shortness of breath) and they knew what to do if these occurred. Staff also told us how they would respond to patients who call several times in a short time period. In all of these situations senior managers were available to provide support to staff.
- Systems were in place for the prompt identification and treatment for patients at risk of developing sepsis. All staff had received training for this and care pathways were in place to ensure patients received timely and appropriate treatment.
- Each of the locations was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. They were clear on their roles and responsibilities and knew when to escalate concerns to senior managers. All staff, with patient contact, were trained in basic life support and the use of an automatic defibrillator.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- We observed the patient handover system between staff. This was robust and safe with sufficient details and information passed over to staff about the treatments and care patients had received.
- Safe systems were in place to ensure the out of hours vehicles in use were well maintained and checked at the start of each shift.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Good

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- UC24 Ltd staff had access to relevant systems so they could obtain the information needed to deliver safe care and treatment e.g. summary care records (SCR) or in-hours notes. We saw that special notes were actively sought from in-hours teams for vulnerable patient's e.g. palliative care patients to ensure patient continuity. The provider carried out an access to clinical records audit review across 2017/18. The review monitored the progress towards ensuring that staff had access to a SCR for all patients whose clinical episode was managed through the out of hours service. The review showed a steady upward trend on the access of SCR's and this was improving at the time of inspection.
- The provider had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Records made for referring patients were documented and passed to the practice in a timely way. The provider monitored that all such records were sent to the GP practice by 8am the following morning. Performance information for January 2018 showed this performance target was met by the provider.
- A system was in place to ensure information was shared appropriately with a hospital, where a patient was being admitted. At these times written and electronic records were sent to the hospital.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately.
- In November 2015 an external auditor was invited in by the provider to undertake an external review of the policies, procedures and arrangements in place relating to medicines management across the organisation. The purpose of this was to identify opportunities to build upon the strengths of existing arrangements. Recommendations were identified by the reviewer and at the time of inspecting these had been actioned.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. A self-assessment tool was completed by the provider to assess their organisation's arrangements for controlled drugs governance and identify areas requiring improvement. No improvements were needed to the current arrangements.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Arrangements for dispensing medicines kept patients safe and Standard Operating Procedures were in place to support practice.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service and the local Clinical Commissioning Group (CCG) monitored and reviewed activity. This gave the provider a clear picture of how safety had been maintained over time and the risks that might affect this. Information we reviewed showed that safety targets

had been pre dominantly met across the previous year. Where performance indicators had not been met these were openly discussed with the CCG and actions taken to improve this.

- Arrangements were in place to receive and comply with patient safety alerts, recalls and rapid response reports issued through the Medicines and Healthcare products Regulatory Authority (MHRA), NICE, the Central Alerting System (CAS) and the GMC. The provider had a central system managed by a lead person. New policies were introduced in November 2017 for operating a CAS system. The aim of this policy was to detail the arrangements for the receipt, assessment, dissemination and completion of all alerts received via the central alerting system. These were reviewed by the senior management team and cascaded to relevant clinical staff.
- There was good evidence that incident reporting was widely promoted across the organisation. All staff had received risk management and root cause analysis training and there were high numbers of incidents reported. This suggested that there was good awareness of the importance of reporting patient safety incidents and near misses across the service.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. All staff reported incidents through Datix which was an online patient safety system for reporting and investigation safety incidents. Staff understood their duty to raise concerns and report incidents and near misses. We reviewed a number of incidents and found completed and thorough reporting, investigation and monitoring systems in place. Leaders and managers supported staff to report safety incidents when working at the out of hours locations and all staff were engaged in this. All staff had received training for undertaking a root course analysis as part of an investigation when systems went wrong.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, In September 2016, following a Serious Untoward Incident (SUI) in which a young patient died of sepsis, Urgent Care 24 root cause analysis identified low rates of recording observations sufficient to calculate a National Warning Score (NEWS) in consultations. Working with the other organisations the provider undertook an improvement project to increase rates of recording basic observations with a target of 75% from a base of 11% in summer 2016. The provider used educational meetings discussing NEWS, presented frequent written communications on progress and software changes to achieve this goal. Working with clinicians the provider achieved 75% by September 2017 and at the time of inspection were continuing to improve. UC24 have been nominated for a Health Service Journal Award for this work in May 2018.
- Another example to demonstrate that lessons were learned involved a patient safety incident that occurred which included a number of organisations across the health economy. In response to the incident a multi-agency review was undertaken with UC24 Ltd taking the lead for the review. The outcome of the review was shared across each of the organisations involved and action plans were needed to ensure patient safety standards were improved. To further learning for staff UC24 Ltd organised a number of training events, this was openly led by clinicians who had been involved in the incident. The finding of the review was shared with the executive team and staff groups as a 'patient story' in January 2018.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed. For example, audits of compliance with NICE were undertaken by the provider.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The Friends and Family Test feedback demonstrated that vulnerable people and families had been treated in a coordinated way with full support for their vulnerable circumstances.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. There was a system in place to identify frequent callers and patients with particular needs, for example palliative care patients, and care plans/guidance/ protocols were in place to provide the appropriate support. We saw no evidence of discrimination when making care and treatment decisions.
- When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place. These were agreed with senior staff and clear explanation was given to the patient or person calling on their behalf.
- Technology and equipment were used to improve treatment and to support patients' independence.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

- From 1 January 2005, all providers of out of hours services were 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 their clinical commissioning group (CCG) on their performance against the 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 saw the most recent NQR results for the service (reporting time period: Saturday 01/04/17 08:00 - Monday 01/01/18 07:59 - Halton, Knowsley and Liverpool CCGs) which showed the provider was mostly but not fully meeting the national performance indicators. For example, across the year an indicator that was not met all of the time was that relating to calls being answered within 60 seconds of the end of the introductory message (message to be less than 30 seconds long). Another indicator that was not always met was the Definitive Clinical Assessment (DCA) starting time, which should be started for all other calls within 60 minutes of the call being answered by a person. However, the provider was aware of these areas. When breaches were identified such as these, they were reviewed by the clinical leads and reported to the CCG. We saw evidence that attempts were being made to address these.
- In addition to the NQRs the provider was given locally agreed targets from each of the three Clinical Commissioning Groups (CCGS) that were covered. Results showed the provider was generally meeting its locally agreed targets and feedback from the commissioners prior to inspection was positive. We were told the CCG met with the provider on a monthly basis at a Contract Management Board (CMB) meeting. The CCG received a specific and aggregated NQR monthly return and historical comparative performance

data was reviewed. The data set was compiled through an agreed data extract and excel spreadsheet that was jointly set up and the reports we viewed were detailed and thorough.

- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, the provider undertook an audit of antibiotic prescribing to look at potential over use and non-adherence to protocols and local guidelines. The review found that actions needed to be taken to ensure all GPs adhered to local guidelines; this was followed up with communication via email and newsletters to all clinicians.
- The service was actively involved in quality improvement activity. For example, regular and comprehensive audits were undertaken using a Clinical Guardian system for a significant number of individual consultations carried out by GPs. Feedback was recorded on the clinical system for clinicians to view and we saw evidence that where issues had been raised they had been addressed by individual clinicians.
- There was good evidence that the service looks to improve the quality of treatments they provide. This was demonstrated through robust internal arrangements and through quality monitoring contracts with the local CCG.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as infection control, health and safety and customer service.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop. Monthly events which were open to all clinicians (nurses & GPs) in the area covered by UC24 Ltd took place. Information to show what the events included was provided to us. Up to date records of skills, qualifications and training were maintained.
- UC24 Ltd provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. A new clinical supervision policy for nurses had been introduced in November 2017 and all nurses were accessing this at the time of inspection. The provider had recently introduced the new role of Advanced Nurse Practitioner (ANP). The provider could demonstrate how it ensured the competence of staff employed in these advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together, and worked well with other organisations to deliver effective care and treatment.

- The provider worked with a wide range of local organisations including the ambulance service, local commissioners, community and acute services, the local council and GP practices amongst others. The provider was a keen partner and worked closely with a number of organisations across the region to ensure safe and effective care was delivered. These included, A&E Delivery Boards, Liverpool Provider Alliance, Intergrated Care Partnership Groups and participation in a number of primary care forum groups. A survey of the views of external stakeholders was undertaken by the provider in 2016, the results demonstrating a positive working relationship with outside agencies.
- We saw records that showed all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services,

Good

Are services effective?

(for example, treatment is effective)

such as homeless patients when prompt referral to their GPs was required. Staff communicated promptly with all patients registered GPs so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure callers were referred to other services for support as required. For instance, when safeguarding concerns were identified prompt action was taken to refer the concern to local safeguarding teams. The service worked with patients to develop personal care plans that were shared with relevant agencies.

- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that required them. Staff were empowered to make direct referrals and/or appointments for patients with other services.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- The service identified patients who may be in need of extra support. For example, they used in-hours patient notes to help identify those patients that might need extra support from staff.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, when identified, were highlighted to patients and their normal care providers so additional support could be given. For example, when a patient had an abnormal result such as a high blood pressure this would be reported back to their GP.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Training had taken place for all staff for the Mental Capacity Act 2005. Staff we spoke with were aware of the Mental Capacity Act and what it means for their role. Staff were able to demonstrate understanding of 'best interests 'decision making and when this is applicable e.g. Gillick competencies, Fraser guidelines, involvement of carers/advocates.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Call handlers gave people who phoned into the service clear information and they acted in a compassionate and respectful way.
- There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs.
- We observed that staff displayed an understanding and a non-judgemental attitude towards patients with mental health and learning disabilities for example. We saw that patients who were confused or frightened were treated with compassion.
- Patient feedback we reviewed including the NHS Friends and Family Test, internal service surveys and other feedback collected by the service and were positive about the care and service they received. The Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give views after receiving care or treatment from a service provider. Patients are asked to answer the question: "How likely are you to recommend our service to friends and family if they needed similar care or treatment?" and can rank the answer from "extremely likely" to "extremely unlikely". Data for the period January 2017 to January 2018 showed the provider received a high response rate with the use of text messaging and they achieved 4931 responses. Verbatim comments were also monitored by the provider to monitor patient quality and experience of the service. This information was reviewed by the senior management team and formed part of the discussions with the CCG at regular contract monitoring meetings.
- As well as monitoring the national and local target requirements the provider also monitored the average patient journey times as a useful indicator of the patient experience.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. The provider monitored that interpretation service was available within 15 minutes of initial contact where needed and this was achieved across 2017.
- There was appropriate provision for patients with impaired hearing or sight. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that 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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff we spoke with demonstrated they respected confidentiality at all times.

Good

Are services caring?

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of its population and tailored services in response to those needs. The provider engaged with commissioners to secure improvements to services where these were identified. For example, the provider worked closely with other organisations across the area to look at ways for developing a system wide approach to tackling health and social care inequalities. This work had not been completed at the time of inspection but networking and scoping meetings had taken place.
- The provider improved services where possible in response to unmet needs. For example, prior to December 2017 an electronic Escalation Management System (EMS) was introduced into UC24 out of hours service. This information system was in operation across a number of service providers across the CCG. The aim of the new system was to ensure that all staff in each organisation were kept aware of service pressures and activities across the healthcare providers, so that patients could be diverted to services that were less busy. All service and shift managers provided support for this along with members of the executive team. They paid closely attention and monitored the pressures on health services across the healthcare providers in each CCG.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Special patient's notes were available on the service IT system to support the provider to provide continuity of care for patients with long term conditions and complex health needs such as end of life care needs. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered, including the host locations used across the region. Reasonable adjustments were made when people found it hard to access the service.
- The service was responsive to the needs of people in vulnerable circumstances. For example, longer times with the GPs or appointments being made to ensure patients with such needs were met promptly. The service also provided a free taxi service to patients who were unable to pay for their journey to the outreach clinics.
- We were told that receptionists and call handlers gave regular updates to patients who had waited a long time to be seen by a GP, responding to the need that this could cause anxiety and distress for patients.
- A range of mechanisms were in place for the service to promote and respond to the local population. The provider used social media such as Facebook and Twitter, they had a public website with information about times and centres and regular newsletters were produced and shared with the general public.
- The feedback from staff was that there was a strong emphasis on the safety and well-being of all staff. We found that as a team staff supported each other and we saw the provider had set up events and training to build a strong responsive and team ethic. We saw that a food bank for staff had been set up by the provider, so food could be left anonymously for staff members if they were struggling financially at home.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- The provider had a range of open times across the area for patient to access care and treatment.
- Patients could access the out of hours service via NHS 111. The service did not see walk-in patients and a 'walk-in' policy was in place which clearly outlined what approach should be taken when patients arrived without having first made an appointment. For example, patients were told to call NHS 111 or referred onwards if they needed urgent care. All staff were aware of the policy and understood their role with regards to it, including ensuring that patient safety was a priority.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Patients had timely access to initial assessment, test results, diagnosis and treatment. We saw the most recent results for the service (reporting time period: Saturday 01/04/17 08:00 - Monday 01/01/18 07:59 - Halton, Knowsley and Liverpool CCGs) which showed the provider was meeting the following indicators:
  - Patient to be treated by appropriate clinician for their needs, in the most appropriate location: if a GP face-to-face consultation is needed, this should be possible at the patient's residence
  - Face-to-face consultation at appointment centre to commence within: Emergency/one hour
  - Life Threatening Conditions: ILTCs to be identified and passed to ambulance service within 3 minutes
  - Face-to-face consultation at appointment centre to commence within: Urgent/two hours
  - Face-to-face consultation at appointment centre to commence within: Less urgent/six hours
  - Face-to-face consultation at home to commence within: Emergency/one hour

There were areas where the provider was outside of the target range for an indicator also and this was closely monitored by the senior management team.

- Waiting times, delays and cancellations were minimal and managed appropriately. For example, if there was a surge in demands which made it difficult to meet patients' needs in a timely way, this would be reported to the on-call manager to provide advice and support. Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited.
- The service engaged with people who were in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services. For example, feedback form patients and family members that were vulnerable showed compassionate and supportive care had been given.
- Patients with the most urgent needs had their care and treatment prioritised.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way when necessary.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. From 1.3.17 to 28.02.18 the provider received 35 complaints in relation to the Out of Hours service. We reviewed five complaints and found that they were satisfactorily handled in a timely way.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant. For example, when a complaint was made that covered both the ambulance and the OOHs service, a strategy meeting was held and decisions were made about who should take the lead on investigating the complaint.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, by acknowledging the stress making a complaint could cause a patient, ensuring appropriate feedback was provider to clinicians when complaints were made and by promoting learning by sharing the outcomes of investigations with clinical staff across the organisation.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, when a patient's complaints had been referred to the Public Health Service Ombudsmen (PHSO) and the provider was recommended to improve, an action plan was put into place and monitored to prevent the same issues occurring again. The provider involved external

Good

Are services responsive to people's needs?

(for example, to feedback?)

agencies such as the patient representative group Healthwatch, to provide advice about the improvements that were made. We found that incidents that had occurred were discussed at weekly Harms Meetings and the patient experience 'story' was presented to staff at regular best practice exchange meetings.

Are services well-led?

Good

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

Our findings

We rated the service as good for leadership.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management were accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values, which put quality and people as top priorities. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners. There was a five year plan in place with clear priorities for how this will develop in practice.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population – as patients, carers, employees and contractors.
- The provider monitored progress against delivery of the strategy, alongside the local CCG.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. All staff we spoke with told us they were proud to work for the service. They demonstrated commitment to ensuring a high quality experience for patients. Systems and processes were set up and monitored to support this.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The CCG told us the provider was open and transparent when patient safety incidents and complaints occurred and were reported. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. We observed examples of this in the responses made to patients when complaints were made.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed and they did so without fear of recrimination. The provider had a whistle blowing policy and a senior manager led on this at board level.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Regular newsletters were sent to staff to share developments and provide support.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. As a team they supported each other and we saw that events and training were

Are services well-led?

Good

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

organised to build a strong team ethic. We saw that a food bank for staff had been set up by the provider so food could be left anonymously for staff members if they were struggling financially at home.

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff received equality and diversity training. Staff felt they were treated equally and there were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. The service had good links with other organisations in the area for information sharing and for staff training.
- Quality improvement planning was led by senior management team members. This was supported with appropriate systems in place to monitor performance.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. There was a rolling programme for policy updates.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had plans in place and had trained staff for major incidents. A variety of regular staff and departmental meetings took place to support staff.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. This was at regular staff meetings at all levels across the organisation.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses and these were discussed with the CCG at contract monitoring meetings.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required, including NHS England and CQC for serious incident reporting.

Are services well-led?

Good

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

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the provider had recently lost the contract for a 111 service and this resulted in considerable changes for staff. The provider at the time of inspection was working closely with all staff to support them through the required changes and this was positively fed back to us during inspection.
- There was a well-integrated culture of support for staff with a clear focus on staff wellbeing. Staff were able to describe to us the systems in place to give feedback. This included a range of departmental meetings and informal opportunities for discussions. Staff who worked remotely were engaged and able to provide feedback through their own small group meetings. We saw evidence of the most recent staff survey and how the findings were fed back to staff. A staff survey of patient safety culture was completed during 2017/18 to gain the views of staff members with regard to matters such as patient safety, job satisfaction, management and performance and training. The results were used by the management team to take actions where needed, for example, with the introduction of a more robust induction process for staff.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service. For example, the provider undertook a safeguarding diagnostic assessment of the safeguarding arrangements within the service in May 2017. The provider was not bound to undertake this audit but did so to develop best practice and strengthen the current safeguarding arrangements. The results were shared with the board of directors and a task and finish group was sent up to review and implement the recommendations made by the report.
- Staff knew about improvement methods and had the skills to use them. A monthly newsletter was published and sent to all clinicians keeping them up to date with best practice and the results of quality monitoring activities.
- The service made use of internal and external reviews of incidents and complaints such as the CD and medicines management external reviews. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a strong culture of innovation and efforts to try to improve its own services and the quality of services within the local areas covered by the service. For example, the work undertaken with Healthwatch for service improvements following an investigation of a patient complaint. As mentioned previously the provider worked closely with organisations across the area to promote joint working for safer and more effective patient care.
- There were systems to support improvement and innovation work and this was in constant review by the provider.