Nestor Primecare Services Limited t/a Primecare Primary Care Mid-Essex

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We conducted a comprehensive announced inspection on 18 February 2015 under the new approach.

Our key findings were as follows:

- The out-of-hours service provided safe care and treatment. Primecare Primary Care was proactive in identifying and minimising risks to patients who used the out-of-hours services. Staff were robustly recruited, trained and supervised to deliver safe care and treatment.
- The out-of-hours service was responsive to the needs of patients and operated a flexible system for telephone and face-to-face consultations and home visits according to patient's needs.
- The out-of-hours service had robust and consistent procedures in place for monitoring the effectiveness of the delivery of patient care and treatment. The performance of the service was monitored and actions taken to improve the delivery of service where required.
- The out-of-hours service was well managed with systems in place to continually improve services.

However, there was one area of practice where the provider needed to make improvements.

The provider should:

- Ensure that policies, procedures and risk assessments are updated where required to reflect the relocation of the service to its current location at Broomfield Hospital.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The out-of-hours service is rated as good for providing safe patient care and treatment. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Are services effective?

Good

The out-of-hours service is rated as good for providing effective patient care and treatment. Staff referred to guidance from National Institute for Health and Care Excellence and other sources, which it used routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation and guidelines for providing unscheduled (out-of-hours) care. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for staff.

Are services caring?

Good

The out-of-hours service is rated as good for providing caring services. Data from out-of-hours service patient surveys showed that patients reported high levels of satisfaction for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The out-of-hours service is rated as good for providing responsive patient care and treatment. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they were happy with their experiences of using the out-of-hours services. Information about how to complain was available and easy to understand and evidence showed that the service responded quickly to issues raised. Learning from complaints was shared with staff and used to make improvements where needed.

Summary of findings

Are services well-led?

Good

The out-of-hours service is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. However some of these related specifically to the services' previous location. Regular governance meetings were held to discuss and plan improvements where these had been identified. There were systems in place to monitor and improve quality and identify risk. The out of hours service proactively sought feedback from staff and patients, which it acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Summary of findings

What people who use the service say

We gathered the views of patients from the practice by looking at CQC comment cards patients had completed. We received 13 completed comment cards. The responses from patients who completed comment cards were overwhelmingly positive with all those who completed them commenting helpfulness of staff and the prompt responses they received from the GPs.

We also spoke with three patients who attended the primary care centre to see an out-of-hours GP. We also spoke with two family members. Patients were positive about their experience of using the out-of-hours service. They told us that they had received a call from the GP within the agreed time and that they had been given a time to attend the service for an appointment. We saw that patients did not have to wait long past their allocated appointment time to be seen by the GP.

We looked at the results from the Primecare Primary Care patient survey carried out in 2014. We saw that patients who completed the survey rated the service positively for many aspects including the care, treatment and advice that they received and the responsiveness of the service in relation to telephone consultations and appointments.

Areas for improvement

Action the service SHOULD take to improve

The provider should:

- Ensure that policies, procedures and risk assessments are updated where required to reflect the relocation of the service to its current location at Broomfield Hospital.

Nestor Primecare Services Limited t/a Primecare Primary Care Mid-Essex

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 CQC inspection manager, a CQC inspector and GP specialist advisor.

Background to Nestor Primecare Services Limited t/a Primecare Primary Care Mid-Essex

Nestor Primecare Services Limited t/a Primecare Primary Care Mid Essex held the contract to provide NHS out-of-hours services on behalf of Mid Essex Clinical Commissioning Group (CCG). The service covers the geographical area of Mid Essex including Chelmsford, Maldon and Braintree and provides services to a population of approximately 380,000 people.

The service covers GP surgery out-of-hours during evenings, weekends and bank/ public holidays. When a patient's telephone call is directed to the NHS 111 service via their own GP surgery when it is closed, the NHS 111 service may refer patients to Primecare Primary Care Mid-Essex who will decide on the most appropriate care for patients who use the service based on their symptoms. The service provides advice for home treatment, arranging for patients to be seen by a health care professional at a local Primary Care Centre or if clinically appropriate, arranging for a health care professional to visit patients at their homes.

The out-of-hours service relocated to Broomfield Hospital in December 2014. The out-of-hours Primary Care Centre is operated from the orthopaedic outpatient's clinic at Broomfield Hospital. The service provided GP consultations by appointment at the hospital based Primary Care Centre. Home visits were also available for those patients who were assessed as not being fit enough to travel to the Primary Care Centre for a consultation. District nursing services were provided from 10.30pm to 8am each night.

Why we carried out this inspection

We inspected Nestor Primecare Services Limited t/a Primecare Primary Care Mid Essex as part of our comprehensive inspection programme.

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

Detailed findings

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

How we carried out this inspection

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?

Before visiting, we reviewed a range of information we held about the out-of-hours service and asked other organisations to share what they knew. We also reviewed information we had requested from the provider.

We carried out an announced visit on 18 February 2015. During our visit we spoke with the 11 members of the staff team including the lead GP/ Local Medical Advisor, reception/despatching/driver staff, the heads of urgent care, clinical audit, safety and quality, and medicines management. We also spoke with clinical services manager, office manager, and assistant operations manager.

We spoke with three patients who used the service and two family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

We conducted a tour of the treatment areas and viewed the cars used to transport clinicians to consultations in patients' own homes.

Good

Are services safe?

Our findings

Safe Track Record

The out-of-hours service used a range of information and systems to identify risks and improve quality in relation to patient safety. The service had policies and procedures for reporting and responding to accidents, incidents and near misses. Staff we spoke with told us that they were aware of the procedures for reporting and dealing with risks to patients and concerns. They told us that the procedures within the service worked well.

Complaints, accidents and other incidents such as significant events were reviewed regularly to monitor the out-of-hours service safety record and to take action to improve on this where appropriate. Staff we spoke with could give examples of learning or changes to practices as a result of complaints received or incidents.

Learning and improvement from safety incidents

The service had robust systems in place for reporting, recording and monitoring significant or adverse events. There were clear procedures and protocols available, which described the process for reporting, investigating and sharing learning from instances where things went wrong. We spoke with the service head of clinical audit. They demonstrated how all significant events, clinical events, errors and 'near misses' were logged in detail within the organisation's computerised system. We saw evidence that each incident was fully investigated. There were procedures for escalating incidents of a serious nature for investigation at regional or national level within the organisation. From the computerised system we saw that learning following the investigations was recorded and shared with staff. We saw evidence that feedback and learning was discussed with clinicians involved and individual clinicians performance was regularly monitored to help ensure that patients received safe care and treatment.

Staff members including the GP, reception staff, driver and health care assistant staff told us the service had an open and transparent culture for dealing with incidents when things went wrong or where there were near misses. They told us that they were supported and encouraged to raise concerns and to report any areas where they felt patient care or safety could be improved

Reliable safety systems and processes including safeguarding

The out-of-hours service had systems to identify and manage risks to adults and children who may be vulnerable, including people with mental health conditions or those with learning disabilities. The service had appropriate safeguarding policies and procedures, which were available to staff on the computerised system. These policies and procedures described prompts for recognising potential abuse or vulnerable adults and children and how to report and escalate any concerns identified.

Staff training records made available to us showed that all staff had received relevant role specific training on safeguarding adults and children. Staff we spoke with were able to demonstrate that they understood their responsibilities to keep patients safe and they knew the correct procedures for reporting concerns. A whistleblowing charter and guide was available advising staff on the process to follow if they had concerns.

There were systems in place to highlight vulnerable patients on the service's electronic record and for receiving information from other healthcare providers for adults who were at risk or when a protection plan was in place for a child. Staff told us about the arrangements in place to deal with instances where a GP was unable to make telephone contact with a patient. These included checking records from previous contact and liaising with the NHS 111 service to ensure that they had correct telephone contact details for the patient. Where it was deemed appropriate a visit would be made to the patients home, for example where the patient was identified as at risk.

The service had policies and procedures relating to chaperoning patients. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Training records we viewed showed that all relevant staff had undertaken chaperone training. Staff we spoke with confirmed that they had undertaken training and were aware of their roles and responsibilities when acting as a chaperone during patient consultations. Patients we spoke with were aware that they could request a chaperone during their consultation, if they chose to.

Medicines Management

We found that medicines were managed safely so that risks to patients were minimised. The out-of-hours service had

appropriate policies and procedures in relation to the management, safe storage and checking of medicines used to treat patients. The service had a comprehensive list of medicines available for use in treating conditions including allergies, respiratory, cardiac and gastrointestinal conditions. There were also medicines to treat patients with palliative conditions. The service did not hold medicines (controlled under the Misuse of Drugs Act 1971) such as morphine and other strong painkillers. GPs told us that these would be obtained from the hospital pharmacy should they be required. From records we saw that the amount of medicines available were checked and monitored to ensure that there were sufficient available for use and they had not exceeded their expiry date recommended by the manufacturer to ensure their effectiveness.

The service had an arrangement in place with Broomfield Hospital pharmacy who stocked and replenished GPs' medicines bags each day. There were suitable arrangements for secure storage of medicines, including GPs' medicines bags and emergency medicines and medical oxygen. We were shown the storage arrangements for these bags and found them to be secure and accessible to staff as required. Extra medicines were available to meet increases in demand at times such as weekends and public holidays.

Patients we spoke with told us they were given information about any prescribed medicines such as side-effects and any contra-indications.

Cleanliness & Infection Control

We observed the treatment rooms to be clean and tidy. The out-of-hours service had suitable procedures for protecting patients against the risks of infections. Hand sanitising gels were available for patient and staff use. There were posters displayed in treatment areas promoting good hand hygiene within the treatment room areas. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms. Patients we spoke with told us they always found the service clean and had no concerns about cleanliness or infection control.

The out-of-hours service had in place suitable infection control policies and procedures for staff to follow, which enabled them to plan and implement control of infection measures. These included procedures for dealing with bodily fluids, handling and disposing clinical waste matter and dealing with needle stick injuries. We saw that appropriate personal protective equipment including gloves and aprons were available to staff.

Staff told us and training records showed that all staff had undertaken infection control training. GPs we spoke with told us that they had undertaken screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections. Staff were provided with appropriate personal protective equipment.

We saw that vehicles used to transport clinicians to carry out consultations in patient's homes were clean. We were told that these cars were cleaned and valeted at least once a week and more often if required.

Equipment

Clinical staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. Medical equipment including blood pressure monitoring devices, thermometers and emergency equipment such as an automatic external defibrillator (used to attempt to restart a person's heart in a cardiac emergency) were periodically checked and calibrated to ensure accurate results for patients. We looked at the equipment carried in the vehicles that could be used by a GP in the event of a medical emergency and found it to be appropriate, well maintained and checked regularly.

Electronic equipment including computers, laptop computers and mobile telephones were available to meet the needs of the service. We looked at the vehicles used to take GPs to consultations in patients' homes and saw that they were in good condition and regularly maintained. We looked at the equipment carried in the vehicles that could be used by a GP in the event of a medical emergency and found it to be appropriate, well maintained and checked regularly.

Staffing & Recruitment

The out-of-hours service had robust procedures for recruiting new staff to help ensure that they were suitable to work in a healthcare setting. The practice recruitment policy set out the standards it followed when recruiting clinical and non-clinical staff.

Good

Are services safe?

We looked at the staff files for four members of staff including two GPs and found that the appropriate checks had been undertaken to ensure their fitness to practice including registration with the General Medical Council (GMC) and their inclusion on the performers list. Information was also available in respect of GPs revalidation and appraisals. We saw that all GPs were required to provide evidence of indemnity insurance which included cover for out-of-hours work. All new staff underwent a period of induction to the assist them in their roles within the service. Support was available to all new staff to help them settle into their role and to familiarise themselves with relevant policies, procedures and practices. We saw that the service had a detailed and comprehensive GP induction pack to ensure that new GPs had an understanding of out-of-hours services and Primecare Primary Care requirements and processes concerning the delivery of patient care and treatment.

Staff files we viewed showed that their suitability, skills and experience were assessed and copies of CVs were available. We saw evidence that references were sought and criminal records checks were carried out via the Disclosure and Barring Service (DBS) before staff were employed to work for the service. We were told that all staff undertook health checks to assess their fitness to work. These were carried out through an external body and were kept confidential. The head of urgent care told us that they would be informed, by their occupational health service, of any health issues which may impact on a person's ability to work within the service.

Staff told us there were arrangements to ensure the safe running of the service. Patient demand for services was monitored throughout each shift and extra on call (working off site) GPs were employed to carry out telephone consultations where increased patient demand was likely to impact upon the delivery of service. This freed up GPs onsite to carry out extra face-to face consultations. Staff we spoke with were aware of the procedures for reporting and escalating increased demand and reported that they were supported by the organisation when this occurred.

Monitoring Safety & Responding to Risk

The out-of-hours service had a health and safety policy, which staff were aware of. Risk assessments we viewed had not been updated to reflect the change of location to Broomfield Hospital in December 2014. The registered manager told us that these were being reviewed and amended.

There were policies and procedures in place for recognising and responding to risks. Staff we spoke with told us that they aware of these procedures. Staff were able to demonstrate that they were aware of the correct action to take if they recognised risks to patients. For example the GP we spoke with could demonstrate how they would treat and escalate concerns about adults or children whose health suddenly deteriorated or a patient who was experiencing a mental health issue or crisis.

Arrangements to deal with emergencies and major incidents

The out-of-hours service had arrangements in place to manage emergencies. There were procedures in place for staff to refer to when dealing with emergency situations. We saw records showing all staff had received training in basic life support. Emergency equipment was available in cars used to transport GPs on home visits, including oxygen and an automated external defibrillator (used to attempt to restart a person's heart in a cardiac emergency). Records we saw confirmed these were checked regularly. Emergency medicines were available and checked to ensure that they were in date and fit for use.

The service had a business continuity plan to deal with a range of emergencies that may impact on the daily operation of the service. The plan identified key members of staff and their roles and responsibilities in identifying and managing risks to the provision of out-of-hours services. The document also contained details of the relevant people to contact in the event of any incident, which may disrupt the running of the day-to-day operation of the service.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GP and other staff we spoke with could clearly outline their rationale for the delivery of patient care and treatment. Staff were familiar with current best practice guidance accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. Information and new guidance were regularly reviewed and made available to staff during regular meetings so as to ensure that practices were in line with current guidelines to deliver safe patient care and treatments. We saw that clinical policies and procedures were developed with reference to appropriate guidance including that from the Royal College of General Practitioners (RCGP), Royal Pharmaceutical Society (RPS) and NICE guidelines.

Management, monitoring and improving outcomes for people

The service had systems in place to monitor and improve outcomes for patients. Senior clinical staff regularly checked the electronic records and recordings of calls made to patients, using the Royal College of General Practitioners (RCGP) urgent and emergency clinical audit tool. Outcomes from these audits were used to identify any areas where services provided to patients could be improved. There were systems in place to assess each clinician's performance in relation to history taking, assessment and management of patients' needs. The results of these audits were reviewed and discussed bi-monthly clinical performance meetings. Feedback and learning was shared with individual clinicians where areas for improvements were identified. Where poor clinical practice was identified there were robust procedures in place for monitoring the clinician and taking appropriate action where that individual failed to improve or perform to the expected standards when providing patient treatment.

Effective staffing

The out-of-hours service employed staff who were appropriately skilled and qualified to perform their roles. Appropriate checks had been made on new staff to ensure they were suitable for a role in providing unscheduled out-of-hours care and treatment. We looked at employment files, appraisals and training records for four members of staff. We saw evidence that all staff were appropriately qualified and trained, and where appropriate, had current professional registration with the Nursing and Midwifery Council (NMC) and General Medical Council (GMC). We saw that staff undertook relevant training and reflective practice to enable them to maintain continuous professional development to meet the revalidation requirements for their professional registration. Staff we spoke with told us that the Primecare Primary Care provided opportunities and encourage learning and development that they undertook a range of online and face-to-face training. Records we viewed confirmed this.

Primecare Primary Care had robust procedures in place to assess individual staff performance. Clinicians underwent regular assessment, which included monitoring and checking their practices. Through discussion with staff and a review of records we found that staff training and development needs were identified through an annual appraisal system. Staff had personal development plans that detailed their planned learning and development objectives, which were kept under review. We saw that where staff had identified training interests that arrangements had been made to provide suitable training opportunities. The service also had systems in place for identifying and managing staff performance should they fail to meet expected standards.

Staffing levels and skills mix were reviewed on a daily basis in accordance with the demands for the service. We looked at the rotas for weekday overnight and weekend / public holidays cover. Three GPs were employed to provide cover overnight as follows: one GP was available between 6.30pm and 7pm and 4am to 8am. Extra GPs were available to cover times of higher demand for services and two GPs covered between 7pm and 8pm and midnight to 4am, three GP's covered from 8pm to midnight. In addition one district nurse was employed between 10.30pm (when community district nurses finished duties) and 8am to provide support and treatment for patients who were receiving palliative care and treatment.

Primary Care Centre appointments, telephone consultations and home visits were GP led. Clinical and operational advice was available to staff through an on call system of senior clinical and non-clinical managers and staff reported that they felt supported and able to seek advice should they need to do so. GPs had clearly designated roles for conducting telephone or face-to-face

Good

Are services effective?

(for example, treatment is effective)

consultations in the primary care centre or carrying out home visits. GPs based within the primary care centre were supported by reception staff and visiting GPs had drivers, some of whom were trained healthcare assistants.

Working with colleagues and other services

The out-of-hours service worked with other healthcare providers to including NHS 111 and local district nursing services and the local hospital Accident and Emergency department to help ensure that patients received coordinated care and treatment according to their needs. Staff told us that they could access information and advice from the local mental health emergency crisis service if needed.

The clinical services manager told us that they had been working with the local hospice over the last six months and the out-of-hours service kept palliative care register. This meant that they would know immediately if the patient contacted them that they had palliative care needs. The out-of-hours district nurse's primary role was to support patients with palliative care needs, for example providing pain management and emotional support.

Information Sharing

The service had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. There were systems for communication between staff within the Primary Care Centre and GPs who were visiting patients in their own homes to ensure that relevant information was available to clinical staff as needed.

We saw that there were systems in place for receiving and sharing information with other health care providers such as the district nursing team and palliative care professionals. Primecare Primary Care had an automated electronic system for sharing information about treatments patients received out-of-hours with the person's GP. An alert was sent to the relevant GP within one hour of calls being closed (when advice or treatment concluded).

Consent to care and treatment

Primecare Primary Care had policies and procedures in place for obtaining a patient's consent to care and treatment including verbal and implied consent. The procedures included information about a patient's right to withdraw consent and obtaining consent to treat children under 16 years. GPs we spoke with had a clear understanding of the services' consent policies and procedures and told us that they obtained patients consent before carrying out physical examinations or providing treatments. Clinical staff we spoke with were aware the legal requirements when treating children and of parental responsibilities for children and they told us that they obtained parental consent before treating children.

The policies and procedures made reference to Gillick competency and staff we spoke with understood these principles, which are used to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. The service had procedures relating to the Mental Capacity Act 2005 as it relates to the treatment of people who lack capacity to make certain decisions. The Mental Capacity Act is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so, by ensuring that any decisions made on their behalf are in the person's best interests. Staff we spoke with could demonstrate that they understood their responsibilities when providing treatment to patients who lacked capacity to make decisions in relation to their treatment.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We gathered the views of patients who used Primecare Primary Care by looking at the 13 CQC comment cards that patients had filled in and we spoke in person with three patients and two family members. The response from patients was overwhelmingly positive with all patients reporting that all staff at the out-of-hours service were kind, caring and helpful. Patients told us they felt listened to and that they were happy with the care and treatment they received.

We reviewed the results from Primecare Primary Care patient survey for 2014. Over 90% of patients who completed the survey were satisfied the helpfulness of staff.

Staff were aware of the services' policies for respecting patients' confidentiality, privacy and dignity. Staff told us that should patients wished to speak privately to a receptionist or if they wished to wait to be seen in a quiet to area, they were offered the opportunity to do so in another room.

Care planning and involvement in decisions about care and treatment

The out-of-hours service had policies and procedures in place for obtaining patients consent to care and treatment where patients were able to give this and involving patients in making decisions about their care and treatment. The procedures included information about a patient's right to withdraw consent. GPs and staff we spoke with had a clear understanding of 'Gillick' competence in relation to the involvement of children and young people in their care and their capacity to give their own informed consent to treatment. They were knowledgeable about the Mental Capacity Act and the need to consider best interests decisions when a patient lacked the capacity to understand and make decisions about their care. The lead GP told us that they had systems in place for obtaining a patient's wishes in respect of their care and treatments such as advanced directives.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Primecare Primary Care had systems and care pathways for responding to the needs of patients who required unscheduled out-of-hours care and treatment. GPs carried out clinical assessment and provided telephone advice, or arranged a face-to-face consultation where this was clinically indicated. A visiting policy based on national guidelines was in place to determine the criteria for carrying out home visits to patients.

There are National Quality Requirements (NQRs) and out-of-hours providers are required to comply with the Department of Health Standards for Health to ensure that services are safe, clinically effective and responsive. The NQRs cover arrangements for managing periods of peak demand and are measured by auditing response times for initial telephone calls, telephone and face-to-face consultations. We saw that real time performance against National Quality Requirements relating to telephone consultations, waiting times and appointments were reviewed and monitored on a daily basis. Out-of-hours providers are required to report on their performance with National Quality Requirements to the local Clinical Commissioning Group. We looked at Primecare Primary Care's performance for 2014 and saw that they were meeting most of the performance targets. Where the service had breached targets for example, where patient demand had exceeded that forecast, this was investigated and plans for delivery of the service were reviewed.

Tackling inequity and promoting equality

The out-of-hours service understood and responded to the needs of patients with diverse needs and those from different ethnic backgrounds. There were arrangements to enable patients with diverse needs to access the service. Patients who were hard of hearing were able to access the service using a hearing loop. Staff told us that they had access to a specialist language translation service for patients who did not speak English as their first language. Staff gave examples of when translation services had been used to assist patients who did not speak English.

Access to the service

Patients accessing the out-of-hours service were allocated appointments times at the point of their telephone consultation. Appointments were prioritised according to clinical need and patients were given an appointment time. Each of the 13 patients who completed a CQC comment card said that they found the out-of-hours service accessible. Patients we spoke with during the inspection visit said that they had been seen by a GP within the allocated time or very shortly after.

The out-of-hours service was located within the orthopaedic outpatient's clinic in Broomfield Hospital. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms.

Listening and learning from concerns & complaints

The service had a system in place for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for out-of-hours / GPs in England and there were designated responsible persons who handled clinical and non-clinical complaints.

The policies and procedures relating to handling and responding to complaints included processes for dealing with both verbal and written complaints. The service had a system for logging all complaints. We saw evidence that complaints were robustly and consistently investigated and responded to in line with the policies and procedures. We saw that all complaints relating to clinical issues such as advice given or treatment provided were investigated by the clinical services manager with input from the medical advisor.

We reviewed the complaints received about the service within the previous 12 months. We saw that information with regards to investigations carried out and lessons learnt were recorded and made available to staff. We were told that outcomes and learning was shared with individual members of staff where complaints related to their advising or treating patients as part of monitoring staff and improving patient's experiences of using the out-of-hours service.

There was clear written information available to patients, which described the complaints process and how they could make complaints and raise concerns. Patients were advised what they could do if they remained dissatisfied with the outcome of the complaint or the way in which the service handled their concerns. The complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

information made reference to escalating complaints to the Parliamentary and Health Services Ombudsman, a free and independent service set up to investigate complaints that individuals have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England.

Are services well-led?

Good

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

Our findings

Vision and Strategy

The out-of-hours service had a clear vision and strategy to deliver high quality unscheduled care and treatment outcomes for patients. Staff we spoke with were aware of the vision and values for the service.

The service was active in focusing on outcomes and improvements in their delivery of unscheduled care. We saw that the practice had recognised where they could improve outcomes for patients and had made changes accordingly through reviews, audits and listening to staff and patients.

Governance Arrangements

There were arrangements in place to ensure the continuous improvement of the service and the standards of care and treatments provided. The policies and procedures were clear, up to date and accessible to staff. Staff told us that they were aware of their roles and responsibilities within the team. During the inspection we found that all members of the team we spoke with understood their roles and responsibilities. There was an atmosphere of teamwork, support and open communication.

There were clear policies and procedures in place, which underpinned clinical and non-clinical practices. We saw evidence that processes and procedures were working and in practice. Regular governance meetings were held where complaints, significant incidents, staff performance, audits etc were reviewed and any areas for improvement were discussed and we saw that there were action plans in place to address any areas for improvements.

Leadership, openness and transparency

The out-of-hours service had a clear management structure with identified lines of accountability for both clinical and non-clinical staff. Staff we spoke with told us that they received support from their managers and that they felt able to raise any issues.

Listening and acting on feedback from users, public and staff

The out-of-hours service obtained the views of patients by way of an annual survey. We looked at the results from the most recent survey and found that the responses were mostly positive in terms of patients experiences of accessing out-of-hours care and treatment. Patients were satisfied with access to GP appointments and telephone consultations. They also commented positively about the care and treatments that they received and how they were treated by staff.

The provider also conducted annual staff satisfaction surveys to engage with staff and seek their views. We looked at the minutes from staff meetings. From these we saw that staff had the opportunity to make comments and suggestions about how the out-of-hours service was managed. We saw that where areas for improvements were identified from staff and patient engagement that these were included in improvement action plans for the service, which were regularly reviewed and updated.

Management lead through learning & improvement

The out-of-hours service had management systems in place which enabled learning and improved performance. We spoke with a range of staff who confirmed that they received annual appraisals where their learning and development needs were identified and planned. Staff told us that the practice constantly strived to learn and to improve patients experience and to deliver high quality patient care. Records showed that regular audits were carried out as part of their quality improvement process to improve the service and patient care.

We looked at four staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and that they had opportunities for learning and personal development.