

Nestor Primecare Services Ltd t/a Primecare - East Kent

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	Inadequate	
Are services safe?	Inadequate	
Are services effective?	Inadequate	
Are services well-led?	Inadequate	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Nestor Primecare Services Ltd t/a Primecare - East Kent on 9, 10 and 11 May 2017. Overall the provider was rated as inadequate. The full comprehensive report on the 9, 10 and 11 May 2017 inspection can be found by selecting the 'all reports' link for Nestor Primecare Services Ltd t/a Primecare - East Kent on our website at www.cqc.org.uk. As a result of that inspection the service was placed in special measures. Additionally we served Warning Notices under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulations 12, 17 and 18::

- Safe care and treatment 12.—(1) Care and treatment must be provided in a safe way for service users.
- Good governance 17.—(1) Systems or processes must be established and operated effectively
- Staffing 18.—(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed

We undertook this announced focused inspection on 27 September, to check that the provider had followed their action plan for the warning notices and to confirm that

they now met the legal requirements. The provider was not rated as a consequence of this inspection, as they are in special measures. It will be inspected again, with a view to assessing the practice's rating when the timescale for being placed into special measures has passed.

Our key findings were as follows:

- The system for reporting significant events had improved. Any staff member could raise a significant event. Investigation of events was more thorough
- There had been some improvement to the management of medicines
- Data showed the provider was not meeting the National Quality Requirements, particularly for face to face consultations.
- Data showed the provider was not meeting the National Minimum Data set requirements, particularly for telephone answering times.
- Compliance with mandatory training had improved
- Complaints were managed to a high standard

Summary of findings

- The service had addressed many of the leadership and governance issues, with the introduction of improved systems. But evidence of the effectiveness of the new systems was weak.

There remain areas where the provider must make improvements.

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to help ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.

Following the inspection we took enforcement action against the provider namely the service of two warning notices:

- Safe care and treatment 12.—(1) Care and treatment must be provided in a safe way for service users.
- Staffing 18.—(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed.

The provider remains in special measures. Services placed in special measures will be inspected again within six months of the date of the publication of the initial comprehensive inspection. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we may take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This may lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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?

- Staff were clear about reporting incidents, near misses and concerns. Investigations were comprehensive. Lessons learned were communicated by a newsletter and through staff meetings.
- Patients received an explanation or an apology when one was appropriate.
- Patients were not protected through the safe and proper management of medicines.
- There was a national lead for safeguarding and a local lead for safeguarding. Staff were aware of how they would report a safeguarding issue and to whom. Safeguarding training was up to date.
- The business continuity plan to manage significant issues that might impact on service delivery was not kept up to date.

Inadequate



Are services effective?

- Compliance with national guidelines was systematically monitored.
- Data showed the service was not meeting the National Quality Requirements (performance standards) for GP out of hours (OOH) services or the National Minimum Data sets for NHS 111 services. Areas included face to face consultations with patients and the percentage of patients whose calls were answered within 60 seconds.
- Compliance with mandatory training had shown improvement though mandatory training levels for OOH clinical staff remained low at 44%.

Inadequate



Are services well-led?

- The service had revised their mission statement which was now based on the visions and values of the organisation rather than on the functions it carried out.
- There had been a review of clinical governance and its effectiveness. However, further improvements were still required.
- Improvements to leadership were apparent.
- The service proactively sought feedback from staff and patients. However, it was not clear how feedback was going to be addressed and how the outcomes actions taken were reported back to staff.

Inadequate



Nestor Primecare Services Ltd t/a Primecare - East Kent

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included two GP specialist advisers, an emergency care specialist adviser, a second CQC inspector, a member of the CQC medicines team and a practice manager specialist adviser.

Background to Nestor Primecare Services Ltd t/a Primecare - East Kent

Nestor Primecare Services Ltd t/a Primecare - East Kent is the registered location for the out-of-hours (OOH) GP and NHS 111 service provided by Nestor Primecare Services Limited.

Nestor Primecare Services Limited is a commercial enterprise that provides primary healthcare services across the UK. These services include: GP practices, walk-in centres, dentistry, OOH, NHS 111 and healthcare in secure settings. Nestor Primecare Services Limited is part of a larger group, Allied Healthcare. Allied Healthcare is in turn owned by Aurelius UK, a pan-European investment group.

Nestor Primecare Services Ltd t/a Primecare - East Kent provides urgent medical care and advice out-of-hours for patients across East Kent. It provides the NHS 111 service

to the same community. It serves four clinical commissioning groups (CCG) namely: NHS Ashford, NHS Canterbury and Coastal, NHS South Kent Coast and NHS Thanet CCGs

There is a single contract to provide OOH and NHS 111 services.

The East Kent call centre and management are based at Canterbury. They provide primary medical services outside of usual working hours (OOH) when GP practices are closed, this includes overnight, bank holidays, weekends and when practices are closed for training. The Canterbury call centre closes at midnight, after this time calls are handled and clinicians dispatched from other call centres, based in Cardiff or Birmingham. They provide NHS 111 services 24 hours a day 365 days a year. The provider covers a population of approximately 700,000 patients.

Most patients access the out-of-hours service via the NHS 111 telephone service. Patients may be seen by a clinician, at a local primary care centre (PCC) often located adjacent to a hospital Accident and Emergency (A&E) facility, or patients may receive a telephone consultation or a home visit depending on their needs. The provider employs various clinicians including GPs, nurses (with various skill levels such as diagnosis or prescribing) and emergency care practitioners. Clinicians are engaged as locum or agency staff, or on a consultancy agreement. They are supported by drivers and receptionists who are employees of the provider. Some patients access the primary care centres by walking in or are referred from the hospital A&E departments or other urgent care centres.

Detailed findings

The health of people in Kent is generally better than the England average. Deprivation is lower than average, however about 17.6% (48,300) of children live in poverty. Life expectancy for both men and women is higher than the England average.

The out-of-hours service, for East Kent, is provided from all the sites shown below.

The inspectors visited the following sites:

Nestor Primecare locality office and call centre

Charter House

St Georges Place

Canterbury

Kent

CT1 1UQ

Primary Care Centres

Fracture Clinic

William Harvey Hospital

TN24 0LZ

Fracture Clinic

Margate

QEQM

Ramsgate Road

CT9 4BF

Fracture Clinic

Canterbury

Kent & Canterbury Hospital

Ethelbert Road

CT1 3NG

Dover

Buckland Hospital

Coombe Valley Road

CT17 0HD

Folkestone

Royal Victoria Hospital

CT19 5BN

The inspectors did not visit the following sites:

Herne Bay

Queen Victoria Memorial Hospital

King Edward Avenue

CT6 6EB

Deal

Victoria Hospital

London Road

CT14 9UA

New Romney

New Romney Health Centre

Station Road

TN28 8LQ

Why we carried out this inspection

We undertook a comprehensive inspection Nestor Primecare Services Ltd t/a Primecare - East Kent on 9, 10 and 11 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The provider was rated as inadequate and was placed in special measures. The full comprehensive report following the inspection on 9, 10 and 11 May 2017 can be found by selecting the 'all reports' link for Nestor Primecare Services Ltd t/a Primecare - East Kent on our website at www.cqc.org.uk.

Additionally, there was a breach of the legal requirements and we took enforcement action against the provider namely the service of three warning notices:

- Safe care and treatment 12.—(1) Care and treatment must be provided in a safe way for service users.
- Good governance 17.—(1) Systems or processes must be established and operated effectively
- Staffing 18.—(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed.

Detailed findings

We undertook a follow up focused inspection of Nestor Primecare Services Ltd t/a Primecare - East Kent on 27 September 2017. This inspection was carried out to review in detail the actions taken by the provider to address the breaches of regulation. We inspected the provider against three of the five questions we ask about services: is the service safe, is the service effective and is the service well-led. This is because the breaches of the legal requirements related to these questions.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the local Clinical Commissioning groups (CCG) and NHS England to share what they knew. We carried out an announced visit on 27 September 2017. During our visit we:

- Spoke with a range of staff including doctors, nurses, administration and reception staff and managers
- Observed how patients were being cared for in the reception area.
- Visited some of the provider's Primary Care Centres (PPC)
- Looked at information the provider used to deliver care and treatment plans.
- Reviewed management information supplied by the provider.

Are services safe?

Our findings

At our previous inspection on 9,10 and 11 May 2017, we rated the provider as inadequate for providing safe services and issued a warning notice because;

- Not all staff were clear about reporting incidents, near misses and concerns. Although the provider carried out investigations when there were unintended or unexpected safety incidents the investigations were superficial. There was some evidence of lessons learned but they were not communicated systematically to all staff.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However the arrangements had failed to recognise and address some risks.
- There were medicines policies and a set of standard operating procedures. However these were not always followed. The provider did not have a lead for medicines.
- The provider held stocks of controlled drugs. (medicines that require extra checks and special storage arrangements because of their potential for misuse). All controlled drugs were held at the Canterbury primary care centre (PCC). As a result these medicines were not readily available, when required..

These arrangements had improved when we undertook a follow up inspection on 27 September 2017. However, we found that further improvements were still required.

Safe track record and learning

At our previous inspection on 9, 10 and 11 May 2017 we found that the system for reporting and recording significant events did not fully meet operational demands. Management of significant events was weak. Whilst records showed that significant events were subject to a root cause analysis, the person completing this had had no training in root cause analysis.

At this inspection we found that the system for reporting significant events had improved. Any staff member could raise a significant event. More staff had received training on the Primecare intranet platform and those we spoke with felt confident they could raise an event.

Training staff in the use of root cause analyses had started, four staff had been trained, and more training was planned. Significant events was a standing item on the agendas of relevant staff meetings. From meeting minutes we saw there was an open discussion about events.

Analysis of events had resulted in changes. For example, a new protocol for dealing with calls about patients under 12 months of age had come about because of a significant event.

Overview of safety systems and process

There was a national lead for safeguarding and a local lead for safeguarding. Most staff we spoke with were aware who the lead for safeguarding was or how they would report a safeguarding issue and to whom. Safeguarding training was up to date.

There was an infection control lead locally. There was an infection control protocol. Since the inspection on 9, 10 and 11 May 2017 the provider had carried out audits to identify any infection control issues. All the sites had been recently audited but as yet none of the remedial work identified as a result of the audits had been carried out.

Medicines Management

At our previous inspection on 9, 10 and 11 May 2017 we found that the provider did not have a lead for medicines. The provider was unable to provide training records for any staff and in particular records to demonstrate that individual staff members had been authorised and trained to use the patient group directions.

The provider held stocks of controlled drugs (CDs). All CDs were held at the Canterbury PCC. As a result these medicines were not readily available, to all relevant clinical staff, when required.

At this inspection we found that the provider had a newly appointed medicines lead and there was an action plan to improve the safety of medicines. Management of emergency medicines had improved and staff generally knew where the emergency medicines were kept. We found one PCC where emergency medicines were not stored or checked appropriately.

Arrangements for CDs had not changed so they were still not readily available when required. Some of the management of the CDs had been delegated to another service provider and the accountability for the CDs was not clear.

Are services safe?

Arrangements to deal with emergencies and major incidents

At our previous inspection on 9, 10 and 11 May 2017 we found that

- Disaster recovery plans were unclear.
- Call centre staff had not read and signed the fire evacuation plan, to indicate they had read and understood it.
- Emergency medicines were not always easily accessible and some staff did not know where the emergency medicines were kept.

At this inspection we found that

- Disaster recovery plans had been reviewed and improvements made, however there was evidence that were not kept up to date, for example the plans called for actions on the part of individuals who were no longer employed by the provider.
- All call centre staff had signed to say they had read and understood the fire evacuation plan.
- Emergency medicines were readily available. However we found that some staff at one PPC did not know where they were kept.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 9,10 and 11 May 2017, we rated the provider as inadequate for providing effective services and issued a warning notice because;

- Data showed the provider was not meeting the National Quality Requirements (performance standards) for GP out of hours services or for NHS 111 services. Areas included face to face consultations with patients and the percentage of patients whose calls answered within 60 seconds.
- Compliance with mandatory training was poor. Staff reported that they had not had an induction into the providers systems or, in some cases, to their role locally.

These arrangements had improved when we undertook a follow up inspection on 27 September 2017. However, we found that further improvements were still required.

Effective needs assessment

There was improved monitoring of compliance with national guidelines. More staff reported that they were able to access guidelines and local protocols on the Primecare internal electronic platform (HORACE) and that they had received training on how to use the platform effectively.

Management, monitoring and improving outcomes for people.

The NHS Minimum Data Set (MDS) is the central database for monitoring the performance of NHS 111 service providers. A key measure is the number of calls answered within 60 seconds. At our previous inspection on 9, 10 and 11 May 2017 we found that the provider was performing below (worse than) the national average for calls answered within 60 seconds

Data for calls answered within 60 seconds (for which the national target is 95%) Showed:

- In January 2017, 75% were answered within 60 seconds. The national average was 81%.
- In February 2017, 85% were answered within 60 seconds. The national average was 81%.
- In March 2017, 80% were answered within 60 seconds. The national average was 85%.

At this inspection we found that performance had deteriorated.

- In June 2017, 71% were answered within 60 seconds. The national average was 84%.
- In July 2017, 73% were answered within 60 seconds. The national average was 84%.
- In August 2017, 66% were answered within 60 seconds. The national average was 90%.

Calls abandoned is a marker of patient experience, a high call abandonment rate is considered unsafe and may reflect a high level of clinical risk for patients. Therefore it is important that the provider records and monitors this. The entries for the percentage of abandoned calls for Nestor Primecare Services Limited in the minimum data set) read NCA which stands for “not currently available” for all the months since the commencement of the Primecare contract. This data was provided to the MDS by all the other 111 contracts.

All providers of out-of-hours (OOH) services are required to comply with the National Quality Requirements (NQR). The NQRs are used to show that the provider is safe, clinically effective and responsive. Providers are required to report monthly to the clinical commissioning group (CCG) on their performance against standards which includes audits, telephone response times, whether assessments happened within the required timescales, seeking patient feedback and actions taken to improve quality.

Department of Health, National Quality Requirements in the Delivery of Out-of-hours Services documentation sets out the national targets that providers are expected to achieve. It defines three contractual states: Fully compliant, where average performance was within 5% of the requirement, partially compliant, where average performance was between 5% and 10% below the requirement and non-compliant, where the average performance was more than 10% below the requirement.

NQR 10 is the measure used for monitoring that patients who attend a PCC receive clinically safe and effective assessment which prioritises their needs. These must be started within the following timescales. The standard for this requirement is 100%.

- Urgent needs, within 20 minutes of the patient arriving in the centre.
- All other patients, within 30 minutes of the patient arriving in the centre.

Are services effective?

(for example, treatment is effective)

At our previous inspection on 9, 10 and 11 May 2017 we examined the data for the provider from January, February and March 2017.

January;

- Urgent patients 100%
- All other patients 77%

February;

- Urgent patients none attended
- All other patients 77%

March;

- Urgent patients none attended
- All other patients 84%

At this inspection we examined the data for the provider from June, July and August 2017. We saw that there had been an improvement;

June;

- Urgent patients 100% (1 patient)
- All other patients 87%

July;

- Urgent patients 100% (1 patient)
- All other patients 76%

August;

- Urgent patients 75% (3 of 4 patients)
- All other patients 84%

NQR 12 is the measure used for monitoring face-to-face consultations (whether in a PCC or in the patient's home). The requirement for this measure is 100%. The timescales are:

- Emergency: Within 1 hour.
- Urgent: Within 2 hours.
- Less urgent: Within 6 hours

At our previous inspection on 9, 10 and 11 May 2017 we examined the data for the provider from January, February and March 2017. Results were as follows:

In January the figures for patients attending the PCCs were:

- Emergency: 30%
- Urgent: 70%
- Less urgent: 90%

For patients who needed home visits they were:

- Emergency: 28%
- Urgent: 42%
- Less urgent: 62%

In February the figures for patients attending the PCCs were:

- Emergency: 37%
- Urgent: 62%
- Less urgent: 85%

For patients who needed home visits they were:

- Emergency: 22%
- Urgent: 48%
- Less urgent: 68%

In March the figures for patients attending the PCCs were:

- Emergency: 31%
- Urgent: 69%
- Less urgent: 89%

For patients who needed home visits they were:

- Emergency: 28%
- Urgent: 59%
- Less urgent: 77%

At this inspection we examined the data for the provider from June, July and August 2017. We saw that there appeared to have been improvement. Results were as follows:

In June the figures for patients attending the PCCs were:

- Emergency: 68%
- Urgent: 82%
- Less urgent: 95%

For patients who needed home visits they were:

- Emergency: 41%
- Urgent: 61%
- Less urgent: 72%

In July the figures for patients attending the PCCs were:

- Emergency: 67%
- Urgent: 86%
- Less urgent: 94%

For patients who needed home visits they were:

- Emergency: 48%
- Urgent: 72%
- Less urgent: 80%

Are services effective?

(for example, treatment is effective)

In August figures for patients attending the PCCs were:

- Emergency: 75%
- Urgent: 80%
- Less urgent: 93%

For patients who needed home visits they were:

- Emergency: 49%
- Urgent: 54%
- Less urgent: 78%

These figures appear to show improvement, sometimes marked. However the two data sets may not be entirely comparable. There are two issues.

- Firstly the inspection on 9, 10 and 11 May 2017 was based on winter figures when pressures are much greater.
- Secondly data is assessed on a case by case basis. A figure of, for example, 90% means that 10 identified cases (out of one hundred) were not seen within the relevant time period. These 10 cases are called breaches. Each breach is assessed to see if it is a genuine breach. It would not be breach if, for example, a patient came late to the PCC so that the time limit simply could not be met. Or if a clinician saw a patient within the time period, but the record was not updated in a timely way because of rural internet problems.

This process is called validation. The data provided for the inspection on 9, 10 and 11 May 2017 was not validated because the provider did not have sufficient trained staff to do so. The data provided for the inspection on 27 September 2017 had been validated. It is not therefore possible to say, with certainty, whether the improvements were because more patients were being seen within the timeframes or because of the process of validation.

We have compared the un-validated data for this inspection against the un-validated data for the previous inspection and it is probable that there was an improvement in service delivery to patients. The improvement is probably more marked in services at the PPCs than in home visits.

However, further improvements were required in order to meet National Quality Requirements.

Effective staffing

At our previous inspection on 9, 10 and 11 May 2017 we found that

- Many staff reported that they had not had a formal process of induction.
- Compliance with the Primecare mandatory training requirements was reported to be at 22% and 34% for non-clinical staff
- Primecare's internal audit identified weaknesses in infection prevention control training and records showed that staff had not received basic life support training.

At this inspection we saw there was a new induction programme for staff joining the provider. We saw a new member of non-clinical staff at one site shadowing another staff member. The induction covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were also supported to work alongside other staff. However there were still staff, although not newly appointed staff, who reported that they had not had an induction. Primecare had emailed all staff asking them to report if they needed an induction and to identify training needs.

It was not possible to compare the training data from the inspection on 9, 10 and 11 May 2017 with the data provided for this inspection because the data sets and collection had changed. However mandatory training for non-clinical staff at the provider (111 and OOH) was approximately 64%. For clinical staff the respective figures were 111 clinicians 92% and OOH clinicians 44%.

At this inspection we found that basic life support training had been completed by 25 out of 28 staff and, in fact, two staff were being trained on the day of the inspection. It was acknowledged that training was needed in infection prevention control if the provider was to become compliant against its own standards.

Are services well-led?

Inadequate 

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

Our findings

At our previous inspection on 9,10 and 11 May 2017, we rated the provider as inadequate for providing well-led services and issued a warning notice because;

- We found that most governance was driven nationally. There was evidence to show that national clinical governance arrangements had lapsed because of the absence of key senior staff.
- Many management staff were interim appointments who had responsibilities elsewhere and were therefore unable to provide the leadership needed.
- There was no local clinical director, some governance processes required input from the local clinical director.
- In management meetings there was no recorded discussion of performance against patient centred outcomes.
- Health and safety arrangements were inadequate.
- Disaster recovery plans were unclear.
- Staff said that they did not have the opportunity to contribute to the development of the service.
- There was little evidence of seeking and acting on patient feedback.

These arrangements had improved when we undertook a follow up inspection on 27 September 2017. However, we found that further improvements were still required.

Vision and strategy

At our previous inspection on 9,10 and 11 May 2017, we saw that the provider's mission statement was based on providing domiciliary care services and appeared to be the mission statement of the parent company.

At this inspection we found that the provider had a new mission statement based on the vision and values of the organisation rather than on the functions it carried out. The mission statement was visible to staff on their computer screens and was on display in the Canterbury office.

Governance arrangements

At this inspection we saw there had been a review of clinical governance and its effectiveness.

- There were terms of reference for the provider's clinical governance meetings.

- Formally there had been two meetings, one operational and the other governance. These had been combined into one meeting. The attendees were staff of sufficient seniority to drive change within the organisation. Patient safety was a leading objective for the group.
- Patient outcomes were the focus of discussion. For example we read about the efforts to recruit more clinical staff so as to reduce the patients' waiting times, as evidenced by the National Quality Requirement outcomes.
- Processes for managing the agenda items, identified for change were incomplete. We looked at the minutes of the clinical governance meetings for April, May and June. The first item on the agenda, in every case was "review of previous actions" in none of the minutes was this item completed, so there was no record of the progress achieved. There were columns on the minutes for the action to be taken and target date for a response. The initials of the person allocated the action were recorded in the appropriate column. However there were no dates for the actions to be achieved. It was difficult, therefore to see if the items, identified by the meeting as requiring attention had been addressed.
- For example in the May minutes there were six areas for action under item three- Audits. In the June meeting Audit was again item three. There was no evidence that the six areas previously identified for action had been addressed although another three areas for action were identified.
- However records showed that in some areas the governance system was effective. For example, concerns about how staff could access data, such as details of the on-call manager, on the Primecare platform (HORACE) had been raised through the group. We found that there had been more training for staff on using HORACE. We spoke with staff who said that they were increasingly confident on the system and could access relevant data.
- The provider had introduced meetings of managers and clinicians at a local level and staff we spoke with had found these useful and supportive.
- The provider had recruited a local clinical director for half a day each week. There was the facility and the funds for this person to provide greater input until the service had become more stable.
- Health and safety issues, such as fire safety and use of repeated extension leads had been addressed since the last inspection.

Are services well-led?

Inadequate 

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

- A newsletter had been introduced across all of Primecare's services. It informed staff about clinical incidents, both within Primecare and nationally, that might impact on them.

Leadership and culture

At our previous inspection on 9, 10 and 11 May 2017, we found many management staff were interim appointments who had responsibilities elsewhere and were therefore unable to provide the leadership needed.

- At this inspection there was more leadership apparent. There was a local clinical lead who staff said had already made a difference to working practices and morale. Local service delivery managers had been appointed. These provided the first level of supervision to the primary care centre staff. There was still no overall manager for the East Kent service. It was being led by the managing director of Primecare who was very visible, at least in the call centre. Staff at the PPCs reported that they felt there was more direction and leadership but felt that senior leadership could be more visible at the PCCs.

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

At our previous inspection on 9, 10 and 11 May 2017 staff said that they did not have the opportunity to contribute to the development of the service.

During our inspection on 27 September 2017 we saw that the provider had set up a schedule of meetings to enable staff in different parts of the organisation to contribute.

- We looked at the minutes of four such meetings. They included staff meetings and managers' meetings. The meetings were well attended with the exception of the health assistants' meeting which was cancelled because of lack of attendance. Staff took the opportunity to raise issues of concern to them. These included the printer at a PCC not working over a protracted time, the lack of visible senior management and poor signage at the bases. Some of these issues had been raised at our last inspection.
- The minutes of the meetings indicated which managers were going to address which issue. However how these issues were going to be addressed and how the outcomes would be fed back to staff was not clear. Although in the case of the staff meetings there had been insufficient time for any follow up meetings to test whether the issues had been addressed.

At our previous inspection on 9, 10 and 11 May 2017, we found there was little evidence of seeking and acting on patient feedback. There was a "friends and family" questionnaire at every primary care centre. There had only been six feedback forms over a three month period.

- At this inspection we found there had been an average of 251 feedback forms over four months. The views of the patients were very positive 94% were very likely or likely to recommend the service. There were high scores for ease of getting through to the service, attitude of staff and promptness of service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not have an effective system or process that enabled them to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The provider identified areas for improvement or change. However in some cases there was no evidence that the processes for implementing the changes had been effective.• The provider had obtained feedback from staff and patients about the carrying on of the regulated activity. However there was no evidence of that feedback being evaluated and acted upon for the purposes of continually improving such services. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Transport services, triage and medical advice provided remotely	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed: Contrary to 18.—(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed.
Diagnostic and screening procedures Transport services, triage and medical advice provided remotely	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Safe care and treatment Care and treatment to patients must be provided in a safe way Contrary to 12.—(1) Care and treatment must be provided in a safe way for service users.