Leicester City, Leicestershire and Rutland Out of Hours

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.

Summary of findings

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?	Requires improvement

Summary of findings

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Summary of findings

Overall summary

We carried out an announced comprehensive inspection at Leicester City, Leicestershire and Rutland Out of Hours service on 10 and 11 November 2015. Overall the service is rated as good.

This was following an inspection carried out in March 2015, where the service was rated as inadequate overall and placed into special measures. Issues identified at the previous inspection included: -

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example emergency and urgent patients were not being seen for face to face consultations in relation to their medical needs and in a timely manner
- Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- There was insufficient assurance to demonstrate people received effective care and treatment. For example we saw evidence of emergency patients waiting far too long to be seen by a clinician. Despite being aware of issues, the provider had not look at them in detail to identify the root cause.

Specifically, we found the service to be good for providing safe, effective, caring and responsive services. It required improvement for providing well led services.

Our key findings across all the areas we inspected were as follows:

- Systems and processes had been established to protect patients from harm. Emergency and urgent patients were now being seen for face to face consultations in relation to their medical needs in a timely manner.
- Staff were now clear about reporting incidents, near misses and concerns. We could see that the provider had implemented more robust mechanisms to enable learning and communication with staff.
- The provider had implemented changes to ensure people received effective care and treatment. The provider had implemented patient lists for clinicians, with a person monitoring patient lists across all sites to identify potential breaches of waiting times enabling them to manage patient flow better.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- The provider had ensured that essential clinical equipment was available at all sites and in vehicles used. This was routinely monitored and equipment restocked where necessary.
- Medication management was significantly improved following the previous inspection. The provider had employed a pharmacist three days per week who was responsible for implementing standard operating procedures and auditing medicines.
- The provider had clearer leadership structures, however a large proportion of the executive team were either interim or acting staff.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must: -

Summary of findings

- Start recruitment to strengthen the permanent leadership with substantive posts.

In addition, the provider should: -

- Have appropriate signage at the Loughborough site, so that patients can differentiate between the out of hours provision and the urgent care centre.
- Have appropriate signage in different languages advertising interpretation services at each of the sites, rather than this being written in English.

On the basis of the ratings given to this service at this inspection, I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The service is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and 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 service is rated as good for providing effective services. Data showed patient outcomes were at or above average in relation to the national quality requirements. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. 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 all staff.

Are services caring?

Good

The service is rated as good for providing caring services. Data showed that patients rated the service positively 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 for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The service is rated as good for providing responsive services. Patients said they found it easy to make an appointment with the out of hours service. The service had good facilities and was well equipped to treat patients and

Summary of findings

meet their needs. 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 other stakeholders.

Are services well-led?

Requires improvement

The provider is rated as requires improvement for being well-led. It had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management. The leadership structure needed to be strengthened with the recruitment of substantive permanent people to important roles such as the Chief Executive Officer. The service had a number of policies and procedures to govern activity, but some of these were still being reviewed.

Summary of findings

What people who use the service say

We spoke with eleven patients during the inspection and received 32 comment cards from patients.

The feedback from all was positive about their experience. Patients told us that once they had an appointment the GPs they saw were very good, attentive and felt their needs had been met.

Areas for improvement

Action the service MUST take to improve

Start recruitment, sooner rather than later, to strengthen the executive team with substantive posts. A clinical chair is intended to be recruited to the provider, as well as a substantive chief executive officer.

Action the service COULD take to improve

Have appropriate signage at the Loughborough site, so that patients can differentiate between the out of hours provision and the urgent care centre.

Have appropriate signage in different languages advertising interpretation services at each of the sites, rather than this being written in English.

Leicester City, Leicestershire and Rutland Out of Hours

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, one CQC inspection manager, one CQC inspector, one paramedic/ambulance service area manager and a practice manager.

Background to Leicester City, Leicestershire and Rutland Out of Hours

The GP out-of-hours service for Leicester City, Leicestershire and Rutland is provided by Central Nottinghamshire Clinical Services Ltd. The service is commissioned by the four Leicestershire Clinical Commissioning Groups (CCG's), with the lead for out-of-hours services being West Leicestershire CCG.

The out-of-hours service provides care to patients who require urgent medical care from GPs and nurses outside of normal GP hours. The provider employs the services of 254 GPs, nurses, health care assistants and support staff who are engaged on a sessional basis to deliver care to patients. The service operates county wide from 6.30pm until 8am Monday to Thursday, and 6.30pm Friday until 8am Monday, and all public holidays.

Initial telephone contact with the out-of-hours service is through the NHS 111 service, which is provided by another healthcare provider.

The service provides care to a population of approximately 996,000 residing in the area and operates from five primary care centres geographically spread across the county. The five locations are;

Hinckley & Bosworth Community Hospital, Hinckley

Leicester Royal Infirmary, Leicester

Loughborough Community Hospital, Loughborough

Lutterworth Hospital, Lutterworth

Rutland Memorial Hospital, Oakham

Why we carried out this inspection

We carried out the inspection as the provider had been placed into special measures following an inspection in March 2015. This inspection was to identify whether the provider had made appropriate improvements to remove themselves from special measures.

How we carried out this inspection

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

Detailed findings

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

Before we visited, we reviewed a range of information we held about the service and asked other organisations to share what they knew about the service. The lead inspector, a GP advisor and a practice manager carried out an announced visit to the providers headquarters on 10 November 2015. At this visit we reviewed the provider's policies and procedures and looked at other information with regard to how the service was run and how it was performing.

On 10 November 2015 we carried out an announced inspection at the out-of-hours service locations at the Hinckley & Bosworth Community Hospital site, Leicester Royal Infirmary site and Loughborough Hospital site. We spoke with patients who used the service. Prior to the inspection we left comment cards to allow patients to provide feedback. We received 32 comment cards from patients who had used the service.

On 11 November 2015 we inspected the service's local registered office at Fosse House, Leicestershire.

We also spoke with 14 members of staff employed by the out-of-hours service and with six GPs who were on duty. In addition we spoke with 11 patients to gain their views of the out-of-hours service.

We inspected the out of hours premises, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.

We looked at the vehicles used to take clinicians to consultations in patients' homes, and we reviewed the arrangements for the safe storage and management of medicines and emergency medical equipment.

Good

Are services safe?

Summary of findings

The service is rated as good for providing safe services. 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.

Our findings

Safe track record

The service had a range of information available to them to identify risks and improve patient safety. We saw that the service was now using this information more effectively. Staff we spoke with were aware of their responsibilities to raise concerns and how they should raise concerns. The provider had implemented a centralised reporting system for staff to use and were moving towards a paperless system. The implementation of this system identified a number of incidents and complaints that had not been fully investigated, so the provider had brought in an interim team to deal with the historic issues. Staff we spoke with were aware of the system they should use to report incidents. Staff also commented that they now received feedback regarding incidents they had reported, which showed the provider was communicating more effectively.

A quarterly newsletter was circulated to staff, so that they were aware of incidents and complaints within the organisation. Staff commented that this had improved, especially that they could receive this type of communication on their personal email accounts. Staff said they were then more aware of what was taking place within the service, particularly since they work outside of normal office hours and a number only worked part time.

Learning and improvement from safety incidents

The service had a system in place for reporting, recording and monitoring serious incidents. The system was more robust than the one identified at the previous inspection. All serious incidents were initially rated at the location they happened, with a centralised team quality checking this rating. If the incident was a lower risk rating, then it was investigated and reported on locally. If the risk rating was higher, then it was investigated and reported on centrally.

We reviewed incident reports and saw that the provider had separated incidents into historic, before 1 April 2015, and current, post 1 April 2015. 116 historic events that had been recorded in September

2015. At the time of the inspection, the provider had reduced the open historic events to 50 showing that they were methodically processing each of the incidents and evidencing a downward trend. Current incidents had increased from 44 to 66 during the same time period, however this was due to more confidence from staff in reporting incidents. Complaints had reduced from 21 to 15 and significant events from five to four.

The provider is implementing the Datix system for incident management and will be trialling this at a separately registered location before going live at the end of December 2015. The provider anticipates this will increase the number of incidents again, as staff will all have a direct link to the electronic reporting system on their desktop.

Reliable safety systems and processes including safeguarding

The service had systems to manage and review risks to vulnerable children, young people and adults.

We looked at training records which showed that staff had received role specific training on safeguarding. The provider has given the option of online safeguarding training for all staff although GP's could still attend CCG organised face to face sessions. Staff were able to identify potential signs and symptoms of abuse. There was a comprehensive safeguarding protocol held centrally by the service. At our previous inspection we found that there were different versions of this policy at different sites. This had been changed and each site we inspected had identical policies and procedures available.

The medical director was the safeguarding lead for the service. Staff we spoke with said they would raise any safeguarding matters with the shift supervisor, as the medical director was not always available out of hours.

There was a chaperone policy. (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). Staff informed us that they had received chaperone training. At the Loughborough site, nurses from the Urgent Care Centre would be asked to chaperone if required. At the Leicester Royal Infirmary site, trained staff were used to chaperone if required.

Medicines management

At our previous inspection we found that medicines management was fragmented and sporadic. The provider did not have proper systems in place to ensure that patients were protected from the risks of inadequate medicines management. We saw that significant improvments had been made by the provider.

A pharmacist had been recruited by the provider three days per week. The pharmacist had implemented standard operating procedures for medicines management which were circulated to all sites. The pharmacist also carried out regular audits and stock control of medication at all sites.

We checked medicines stored in the treatment rooms at all sites we inspected and found they were stored securely and were only accessible to authorised staff. There were robust processes in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Staff informed us that they felt medicines management was much more robust than it had been.

All prescriptions were reviewed and signed by a GP before they were given to the patient. We saw this taking place.

At the Loughborough site, we did find that medication stored within grab bags (used by teams in the home visiting vehicles did not match the stock control list. This was outside of the provider's control however as the grab bags are put together by an outside pharmacy and then sealed. A member of the inspection team broke the seal and examined the bags, finding that the stock and sheets did not match. This was raised with the provider and they informed us that they were in the process of obtaining a new pharmacy provider.

Good

Are services safe?

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

There were daily checklists relating to the cleanliness of the vehicles for driver's to complete. The checklists had been amended since the previous inspection to ensure that everything was covered. We saw copies of checklists that were being completed. These were either sent to Fosse House or collected by someone from Fosse House, so that they could be reviewed.

There was a lead for infection control. Staff received induction training about infection control specific to their role and should receive updates. Staff we spoke with told us they had access to online infection control training.

An infection control policy and supporting procedures had been established since our previous inspection. Staff were aware of this policy and sites had an up to date copy within their hard copy files.

Equipment

At our previous inspection we found that there was a lack of equipment required within the out of hours service and found a number of missing pieces of equipment or out of date equipment.

We saw that the provider ensured that all sites and vehicles used were well stocked with appropriate equipment. Systems had been implemented that allowed staff to restock locally, for example dressings or glucometers, if additional resources were required. Staff could order additional resources and equipment if stock levels were running low. Staff told us that the system was much improved. Staff were confident that when equipment was reported as missing or needed, then there would be a timely response from the provider.

Systems to ensure the appropriate equipment was available and within date were no longer putting patients at risk using the out of hours service. There was now management oversight of equipment checks taking place, ensuring that the service had everything required to ensure patient safety and minimise risk.

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The service had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

We saw that the provider had arrangements in place to check the annual registration of GPs with the General Medical Council (GMC). The provider had also put in place since the last inspection arrangements to check the registration status of nurses who were used.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The staffing needs analysis that had been carried out by the out of hours service was extremely detailed and comprehensive. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. As the majority of GPs were sessional rather than working on fixed term contracts, filling clinical hours relied on staff volunteering for additional shifts.

Arrangements to deal with emergencies and major incidents

Records showing that staff had received training in basic life support were available, particularly for clinicians.

Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

Good

Are services safe?

Emergency medicines were available in a secure area which were accessible by out of hours staff. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. All the emergency medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included IT failure, telephone failure, unplanned sickness or absence and vehicle breakdown.

Good

Are services effective?

(for example, treatment is effective)

Summary of findings

The service is rated as good for providing effective services. Data showed patient outcomes were at or above average in relation to the national quality requirements. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. 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 all staff.

Our findings

Effective needs assessment

Calls dealt with by the out of hours service were initially triaged by NHS 111. These calls are then referred to the out of hours service. The service had a GP callback system so that the out of hours service could carry out additional telephone triage.

Patients using the out of hours service are now having their needs assessed within a timely manner. There are two performance targets that the out of hours service has in relation to calls and the carrying out of definitive clinical assessments. Definitive clinical assessments are assessments carried out by a GP regarding the patients' medical needs.

Urgent calls should have definitive clinical assessments within 20 minutes. The service's target was 95% of urgent calls will be assessed within 20 minutes. The service's performance since the previous inspection was between 96% and 98% of urgent calls had received definitive clinical assessment within 20 minutes, which was a marked improvement on the service's previous performance of 89%.

All other calls should receive a definitive clinical assessment within 60 minutes. The service's target was 95% of all other calls will be assessed with 60 minutes. The service's performance in the year to date was between 95% and 97% of all other calls receive definitive clinical assessments within 60 minutes, which was a marked improvement on the service's previous performance of 82%.

At our previous inspection was saw that not all staff were aware of the service's protocol for walk in patients. The service's policy for walk in patients is that a clinician should immediately assess them and they are booked in for an appointment without contacting NHS 111 if it the need is urgent. For non-urgent patients who attend, they still have to book an appointment with NHS 111. Staff we spoke with during this inspection were aware of what to do if they had a walk in patient who had not contacted NHS 111.

Good

Are services effective?

(for example, treatment is effective)

Emergency face to face consultations in primary care centres were now being carried out in a timely manner. Emergency patients should be seen within 60 minutes of a definitive clinical assessment, to have a face to face clinical consultation with a GP. The service's performance should be 95% of patients classed as emergency patients should be seen within the appropriate timeframe. At our previous inspection we saw that the service was performing at 77%, with the lowest performace figure being 40% compliance. The service's performance since the previous inspection has significantly improved. 97% of emergency patients have been seen by a clinician within the appropriate timescale.

Emergency patients are no longer at risk of harm when using the out of hours service.

Urgent face to face consultations with patients were also now being carried out in a timely manner. Urgent patients should be seen within two hours of their initial assessment by a clinician (which is usually done as telephone triage). The service's performance should be that 95% of urgent patients should be seen within two hours. At our previous inspection we saw that the service was performing at 86%. The service's performance has improved and has averaged 93.3% of patients being seen within the appropriate timescales. Although the provider has not quite reached the target, it had achieved 96% and 97% in the two months prior to this inspection.

Patients using the service are no longer at risk of harm by not receiving timely care in relation to their assessed needs.

The service had implemented a 'floorwalker' since the previous inspection. This was as a direct consequence of the CQC placing conditions on the provider that they must have a supernumerary member of staff monitoring patient lists. The 'floorwalker' monitored the different patient lists at different sites and could identify if the service would potentially breach, whereby they could allocate resources to ensure patients were seen. In addition to the floorwalker, the service had implemented patient lists for each clinician to stop the 'cherry picking' that was identified during the previous inspection.

Management, monitoring and improving outcomes for people

The provider now had improved clinical audit systems in place. Clinical Guardian was a software system that had started to be used by the service. Clinical Guardian allowed the audit of clinical notes recorded by the out of hours GPs. 5% of clinical notes were audited for each clinician who had been identified as 'Green' or good performing. 30% of clinical notes were audited for each clinican who had been idenitifed as 'Amber'. Clinicians identified as amber were those who were performing adequately however required some improvement in level of detail in their notes and appropriateness of treatment. Once the medical director was satisfied that amber clinicians had improved, they were moved to green status. This audit mechanism is good and enables the provider to identify poor practice, as well as good practice, and manage that appropriately. Clinicians we spoke with provided positive feedback relating to clinical notes audit. They indicated that this was a two way process and any issues identified were raised with them and they were able to respond.

The service also had a clinical audit programme in place which was being worked through. Audits were being carried out in a number of areas such as special patient notes, medicines management, sepsis and dispositions. This was a clear improvement from the previous inspection where audit was minimal and ineffective.

Effective staffing

We reviewed staff training records. Electronic records were kept for staff, with any training carried out or certificates gained being scanned into the system.

GPs were up to date with their yearly continuing professional development requirements or revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). As the GPs working in the OOH service had substantive posts working for other

Good

Are services effective?

(for example, treatment is effective)

providers, such as GP practices, this information was held there. The out of hours service did not have any information to show that the GPs had been revalidated.

At our previous inspection we did not see evidence of training being updated in relation to nurses used by the provider. This had improved and information was scanned into an electronic record.

We saw that a clinical supervision policy had been introduced by the provider. Clinical supervision was available with the medical director.

In line with the clinical supervision policy and the robust clinical notes audit process, poor performance was being identified and managed appropriately. This is an improvement as previously there was no management of poor performance taking place. Clinicians we spoke with commented positively about the performance management and supervision.

Information sharing

Staff used an electronic patient record computer system, Adastra, to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice.

Good

Are services caring?

Summary of findings

The service is rated as good for providing caring services. Data showed that patients rated the service positively 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 for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Our findings

Respect, dignity, compassion and empathy

We received 32 completed comment cards and they were positive about the service experienced. Patients said they felt the out of hours service provided very good care. We also spoke with 11 patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard in two of the sites. At our previous inspection, staff at Leicester Royal Infirmary had raised concerns regarding patient confidentiality in the waiting room. A radio had now been provided at that site to help 'drown out' conversation so that it did not carry to anybody else within the waiting room.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the shift leader. The incidents would be recorded and then investigated. We found that incidents were being recorded and investigated appropriately now, whereas they were not during the previous inspection.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. There was signage at the sites, however it was not always clear it related to out of hours. At Loughborough, the waiting room for the Urgent Care Centre and the out of hours service is the same. There is no signage to differentiate between the two, which could be confusing for patients. We also saw 'pop up signs' at the sites which provided information about CNCS, the out of hours provider. Nowhere on these signs was out of

Good

Are services caring?

hours mentioned. We spoke with one patient about the signage and they said they were not aware it related to the out of hours service but thought it was a company simply advertising.

Staff also informed us that since the implementation of patient lists for clinicians and the 'floorwalker', patients did not have to wait as long to see a clinician. This had a positive impact on patients, in that they were seen more timely and the clinicians were not rushed to see the next patient. During the inspection we saw that this process appeared to be working well.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the 32 comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. There were notices in the reception areas informing patents this service was available, however these notices were all in English. If any patient could not speak English, then they could not read the signs. The policies and procedures folder did, however, contain an A4 Language Line sheet with information in approximately 30 different languages. It would be more appropriate for the provider to have a larger version of this poster displayed at each of the sites rather than the poster in English.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The service is rated as good for providing responsive services. Patients said they found it easy to make an appointment with the out of hours service. The service had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs. Systems had been established and implemented following the previous inspection to maintain the level of service provided.

An oversight group had been established with the CCGs that commission with CNCS, following the previous inspection. This oversight group met monthly and monitored the performance of the service as well as assisting with the provision of a transformation team to ensure that the previously identified poor performance was improved.

Tackling inequity and promoting equality

The provider had access to online and telephone translation services. A number of GPs who worked for the OOH service spoke different languages. However, it was noted that posters for patients advertising interpretation services were all in English, meaning that patient's who spoke little or no English could not read these posters.

The service provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 12 months.

The premises and services had been adapted to meet the needs of patient with disabilities such as having automatic doors.

Access to the service

The service operated from 6.30 pm to 8.00am Monday to Thursday and from 6.30pm until 8am Friday to Monday inclusive. The service also operated on all bank holidays.

Comprehensive information was available to patients about appointments on the service's website, NHS's website and other practice's websites. This included how to arrange appointments and home visits and how to book appointments.

Good

Are services responsive to people's needs?

(for example, to feedback?)

There was a target of four patients per hour to be seen by clinicians. Patients were given as much time as they needed with clinicians for their needs to be met. Despite patient's being given appropriate time, we noted that with the increased monitoring of clinicians the number of patients seen per hour had increased and was regularly meeting the four patients per hour target.

Patients we spoke with were satisfied with the appointments system. Patients commented that there may be several telephone calls before they obtain an appointment, although this did not impede them in any way. One patient commented that they would rather have several conversations before an appointment was given than waiting for an unknown period of time in the Urgent Care Centre.

Communication between NHS 111 and the out of hours service had improved. We saw evidence of both providers working together effectively. We saw that emergency procedures had been implemented by both providers after an IT fault did not allow them to use Adastra. The out of hours service identified that the emergency procedures hampered them, although it was fine for the 111 provider. This allowed CNCS to work with the 111 provider to development the emergency procedures further so that they were effective for all involved.

Listening and learning from concerns and complaints

The provider had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible team who handled all complaints. Systems had been improved and made more robust since the previous inspection. We looked at eight complaints and could see that they had been dealt with in line with the procedure, albeit somewhat delayed. Response to complaints, although improved, take place a long time after the initial complaint has been raised. This has been recognised and identified by the provider following their review of incidents and complaints in the summer of 2015. This is where the historic complaints were identified and additional resources were brought in to manage them. We could see that progression was positive and the number of open complaints was being reduced each week.

There was now information in all of the locations we inspected for patients in relation to how to make a complaint. Patients we spoke with were not aware of the process to follow if they wished to make a complaint but did comment that they had no reason to complain. Patients we spoke with said that they would speak with reception staff to find out who to complain to. None of the patients we spoke with had ever needed to make a complaint about the out of hours provider.

Are services well-led?

Requires improvement

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

Summary of findings

The provider is rated as requires improvement for being well-led. It had a vision and a strategy but not all staff was aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management. The leadership structure needed to be strengthened with the recruitment of substantive permanent people to important roles such as Chair and Chief Executive Officer. The service had a number of policies and procedures to govern activity, but some of these were still being reviewed.

Our findings

Vision and strategy

The provider had a vision to deliver high quality care and promote good outcomes for patients at the executive level. Front line staff told us they now felt involved in the vision and strategy of the organisation. There was still significant changes at executive and senior management level. At the time of the inspection, of the four executive team members only one of them was a permanent substantive post (medical director). The Chief Executive Officer and Director of Finance were both acting positions. This was following the resignation of the former CEO. There was also an interim Director of Nursing and Operations. This position was initial only Nursing but had Operations added following another Director of Operations leaving. In addition to this, it had been agreed at a meeting in September 2015 that a clinical Chair of the Board would be recruited. This has not yet happened. Although the organisation was heading in the right direction in terms of leadership, it needs to fill available positions with more stable staffing. The changes at a senior level were commented on by other staff as having a 'worrying' impact upon them.

Governance arrangements

The provider had a number of policies and procedures in place to govern activity. These policies and procedures were being systematically reviewed and updated. This process had been ongoing since the previous inspection. We could see that there had been improvement however. Each site had access to policies and procedures electronically. Each of the sites also had a hard copy policy and procedure file, with all of the updated versions. This time, each site had the same policies and procedures in place.

The leadership structure had been improved. Staff members we spoke with were all clear about their own roles and responsibilities. Staff told us they now felt valued by the organisation and felt involved in what was happening. They stated that they can see significant improvements in the organisation since it was previously inspected in March 2015. Staff also commented that they were now aware of their line

Are services well-led?

Requires improvement

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

manager and saw them more regularly than they had done. Management and executive management were seen at the different sites on a regular basis, which historically did not happen. Staff said they felt confident in raising issues with management and executives because they now saw that issues raised usually had results.

The provider did have an ongoing programme of clinical audits to monitor quality, systems and to identify where action should be taken. We saw evidence of the 2015/6 programme for clinical audit.

Staff meetings were available for staff to attend. They were held at different locations at different times to encourage more people to attend. The provider did accept that although communication had improved, they felt that further development was still required.

Leadership, openness and transparency

We reviewed a number of policies, for example, the recruitment policy, whistleblowing policy and sickness policy which were in place to support staff. Staff we spoke with knew where to find these policies if required. Staff also informed us they could now access more information outside of the workplace, which was important to them as they may only work a small number of hours each week which were outside of normal office hours. The improvement in communication has enabled them to be more informed.

Management lead through learning and improvement

Staff told us that they felt supported to maintain their clinical professional development through training and mentoring. Although this was usually provided through their substantive employment, supervision policies and audits taking place assisted clinicians with improving their work and evidencing their competency.

We saw evidence that 83% of staff employed by the provider had now received an appraisal and the remaining staff would have an appraisal before the end of the year. Non clinical staff told us that the appraisals were sometimes surprising, with no advance warning or time to prepare. The first they knew of the appraisal was when a manager attended to carry it out.

The provider was now identifying, investigating and sharing lessons learnt in relation to significant events, incidents and complaints. The process was robust and staff confirmed that they were being regularly updated.