Homerton Hospital (CHUHSE)

Quality Report

City and Hackney Urgent Healthcare Social Enterprise
A&E Department
Homerton University 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 carried out an announced comprehensive inspection of the out of hours service provided by City and Hackney Urgent Healthcare Social Enterprise (CHUHSE) at Homerton Hospital on 9 March 2017. Overall the service is rated as good.

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

- Risks to patients were assessed and well managed.
- There was an open and transparent approach to safety and an effective system in place for recording, reporting and learning from significant events.
- Patients' care needs were assessed and delivered in a timely way according to need. The service met the National Quality Requirements.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was a system in place that enabled staff access to patient records, and the out of hours staff provided other services, for example the local GP and hospital, with information following contact with patients as was appropriate.
- The service managed patients' care and treatment in a timely way.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service worked proactively with other organisations and providers to develop services that supported alternatives to hospital admission where appropriate and improved the patient experience.
- The service had good facilities and was well equipped to treat patients and meet their needs. The vehicles used for home visits were clean and well equipped.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Consider providing non clinical staff, including drivers, with basic life support (BLS) training to recognise and respond appropriately to medical emergencies.
- Review facilities for patients with hearing impairment.

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.

- Risks to patients were assessed and well managed.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There was an effective system in place for recording, reporting and learning from significant events
- Lessons were shared to make sure action was taken to improve safety in the service.
- When things went wrong patients were informed in keeping with the Duty of Candour. They were given an explanation based on facts, an apology if appropriate and, wherever possible, a summary of learning from the event in the preferred method of communication by the patient. They were told about any actions to improve processes to prevent the same thing happening again.
- The out of hours service had clearly defined and embedded systems and processes in place to keep patients safe and safeguarded from abuse.
- When patients could not be contacted at the time of their home visit or if they did not attend for their appointment, there were processes in place to follow up patients who were potentially vulnerable.
- There were systems in place to support staff undertaking home visits.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Are services effective?

Good

The service is rated as good for providing effective services.

- The service was consistently meeting National Quality Requirements (performance standards) for GP out of hours services to ensure patient needs were met in a timely way.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Clinicians provided urgent care to walk-in patients based on current evidence based guidance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The service is rated as good for providing caring services.

- Feedback from the large majority of patients through our comment cards and collected by the provider was very positive.
- 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were kept informed with regard to their care and treatment throughout their visit to the out of hours service.

Are services responsive to people's needs?

Good

The service is rated as good for providing responsive services.

- Service staff reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified.
- The service had good facilities and was well equipped to treat patients and meet their needs, with the exception of facilities for the hearing impaired.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The service had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The service had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The service proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

What people who use the service say

We looked at various sources of feedback received from patients about the out of hours service they received. Patient feedback was obtained by the provider on an ongoing basis and included in their contract monitoring reports. Data from the provider for the period October 2016 to December 2016 showed:

- 278 patient satisfaction surveys were completed which represented 7% of the total patients seen in the same period.
- 93% of patients were 'satisfied' or 'very satisfied' with the medical advice and care received.
- 96% of patients had confidence in the staff treating and caring for them.
- 94% of patients rated the service as 'good' or 'very good' in addressing their concerns.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 66 comment cards which all contained positive comments about the standard of care received. Comments included that staff were friendly, welcoming, professional, caring and thorough, that the service was quick and efficient, and the service was often described as excellent.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Homerton Hospital (CHUHSE)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a service manager specialist adviser and an Expert by Experience.

Background to Homerton Hospital (CHUHSE)

City and Hackney Urgent Healthcare Social Enterprise (CHUHSE) is a community benefit society regulated by the financial conduct authority and governed by a board of executive and non-executive directors. CHUHSE are commissioned by City and Hackney Clinical Commissioning Group (CCG) to provide out of hours (OOH) GP services for 303,000 patients registered with a GP in the City of London and London Borough of Hackney.

Both the City of London and the London Borough of Hackney are in the top ten local authority areas for year on year population increases in the country, with the City of London experiencing the greatest percentage increase in England at 5.6% and Hackney in seventh place with a 2.3% increase in population each year.

Population data for the London Borough of Hackney suggests the area is a relatively young borough with a quarter of its population under 20. The proportion of residents between 20-29 years is 21%. People aged over 55 years make up only 18% of the population.

Hackney is a culturally diverse area, with significant Other White, Black and Turkish communities. The Charedi Jewish community is concentrated in the North East of the borough and is growing.

The main languages spoken in the area include English (76%), Turkish (4%), Polish (2%), Spanish (1%), French (1%), Yiddish (1%), Bengali, Sylheti or Chatgaya (1%), Portuguese (1%), Italian (1%) and Gujarati (1%).

Hackney was the eleventh most deprived local authority overall in England in the 2015 Index of Multiple Deprivation.

Homerton Hospital is the registered location for the out of hours GP service provided by CHUHSE (the provider). The service is co-located within the Accident and Emergency (A&E) Department of Homerton University Hospital NHS Foundation Trust. The full location address is A&E Department, Homerton University Hospital, Homerton Row, London E9 6SR. The provider is registered to provide the following regulated activities; Diagnostic and screening procedures, Transport services, triage and medical advice provided remotely, Treatment of disease, disorder or injury.

The area of the hospital allocated to the provider consists of a shared patient waiting area with split height reception desk and accessible patient and staff facilities. Patients are directed to the receptionist for the out of hours provider. The waiting area and reception desk are accessed via the main A&E entrance. There are two GP Consultation and treatment rooms and a medicines store. Service management, administrative offices and telephone answering facilities are located on the Homerton University Hospital site in a separate building with secure swipe card entry and intercom system.

The service is provided by 42 part time GPs from local practices, 8 reception staff, 12 call handlers, 8 drivers and 11 administrative, management and board directors.

Detailed findings

The service operates daily from 6.30pm until 8.00am and at all times on weekends and bank holidays. The service is open during operating hours to any patient presenting at A&E with a GP appropriate condition, any patient registered with a GP Practice in the City of London and the London Borough of Hackney area requesting an out of hours appointment directly and any patient referred through NHS 111. The service manages approximately 36,000 patient contacts per year including telephone assessments, home visits and face to face consultations.

The service has not previously been inspected by CQC.

Why we carried out this inspection

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. The 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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 9 March 2017. During our visit we:

- Spoke with a range of staff including the service Chief Executive, Medical Director, GPs, call handlers, reception staff, drivers and service management.
- Spoke with patients who used the service and observed how patients were looked after in the reception area.
- Inspected the out of hours premises, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.
- 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.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the service manager of any incidents and there was a recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, an explanation based on facts, an apology where appropriate and were told about any actions to improve processes to prevent the same thing happening again.
- The service carried out a thorough analysis of the significant events and ensured that learning from them was disseminated to staff and embedded in policy and processes.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the service. For example, the service computer system alerted a senior clinician to a patient whose notes showed they did not attend for their appointment and a note suggested they were booked straight into A&E. Investigations found the patient had collapsed or fainted and that the City and Hackney Urgent Healthcare Social Enterprise (CHUHSE) clinician had not followed procedure in making or recording any observations taken of the patient and had not followed procedure in referring the patient to A&E. The patient received an apology and the incident was discussed with the clinician who was made aware of the correct procedure to follow. The service monitored and reviewed the clinician's patient consultation notes to ensure there were no other concerns, reviewed policies and procedures and highlighted the incident and learning in a staff bulletin.

Overview of safety systems and processes

The service had clearly defined and embedded systems, processes and services in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3 with other staff trained to safeguarding level 1, 2 or 3 dependent on their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified in previous audits as a result. We saw evidence fabric upholstered chairs had been replaced with chairs which were wipeable and notices had been restricted to notice boards and specific holders.
- There was a system in place to ensure equipment used in the service and the equipment supplied to GPs carrying out home visits, was maintained to an appropriate standard and in line with manufacturers' guidance. Systems included regular daily checks of equipment used for mobile GPs and annual servicing and calibration where relevant for items such as temperature gauges, blood pressure monitors and scales.
- We reviewed five personnel files and a spreadsheet detailing recruitment checks for all staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of

identification, references, qualifications, registration with the appropriate professional body, appropriate indemnity and the appropriate checks through the Disclosure and Barring Service.

Medicines Management

- The arrangements for managing medicines at the service, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The service carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in accordance with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The service did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- Processes were in place for checking medicines, including those held at the service and also medicines bags for the out of hours vehicles. The provider contracted the services of a pharmacy for the provision of their medicines including pre-packaged and sealed medicines cassettes used in out of hours vehicles.
- Arrangements were in place to ensure medicines and medical gas cylinders carried in the out of hours vehicles were stored appropriately. These arrangements included suitable containers and secure storage when the vehicle was not in use.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in areas accessible to all staff that identified local health and safety representatives. The service had up to date fire risk assessments and carried out regular fire drills in conjunction with the building owners. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Clinical equipment that required calibration was calibrated according to the manufacturer's guidance. The service had a variety of other risk assessments in place through the building owners to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- There were systems in place to ensure the safety of the out of hours vehicles. Checks were undertaken at the beginning of each shift. These checks included daily visual roadworthiness checks and a weekly check of fuel, oil, water, washer fluid and tyre pressures. Records were kept of MOT and servicing requirements. We checked the vehicles and sampled some driver shift reports and found well-documented records of medicines, equipment, vehicle checks and issues in line with service policy.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The inspection team saw evidence that the rota system was effective in ensuring that there were enough staff on duty to meet expected demand.

Arrangements to deal with emergencies and major incidents

The service had adequate arrangements in place to respond to emergencies and major incidents.

- There was an effective system to alert staff to any emergency.
- Clinical staff had annual basic life support training, including use of an automated external defibrillator.
- Non clinical staff, including drivers, did not have training in basic life support and there was no formal risk assessment carried out as to why this was not necessary for this group of staff.
- The service shared the use of the hospital defibrillator and oxygen and had protocols in place to alert the hospital to any medical emergency. A first aid kit and accident book were available.
- Emergency medicines were easily accessible and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for key staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best service guidelines.

- The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The service monitored that these guidelines were followed.

Management, monitoring and improving outcomes for people

From 1 January 2005, all providers of out of hours services have been required to comply with the National Quality Requirements (NQR) for out of hours providers. The NQR are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to the clinical commissioning group on their performance against standards which includes audits, response times to phone calls, whether telephone and face to face assessments happened within the required timescales, seeking patient feedback and actions taken to improve quality. We saw evidence from the provider for the 2016/17 financial year to the date of the inspection which demonstrated performance was consistently meeting national quality requirements. Providers achieve full compliance if their performance is between 95% and 100%. For example:

- NQR 2 – providers must send details of all OOH consultations to the practice where the patient is registered by 8.00am the next working day. The provider achieved 99.7% performance.
- NQR 4 – Providers must regularly audit a random sample of patient contacts and appropriate action taken on the results of those audits. During September, October and November 2016, the provider audited 12% of consultations, above the 5% target.
- NQR 8c – all calls must be answered within 60 seconds. The provider achieved 95% performance.
- NQR 9b – Start definitive clinical assessment for urgent calls within 20 minutes of the call being answered by a person. The provider achieved 97% performance.

There was evidence of quality improvement including clinical audit.

- We saw evidence of six clinical audits completed in the last year; two of these were completed audits where the improvements made were implemented and monitored. For example;
- The service audited antibiotic prescribing to ensure this was in line with local guidelines. In particular the service audited the prescribing of co-amoxiclav, an antibiotic used for the treatment of bacterial infections, as this had been highlighted as highly prescribed. The first audit cycle showed that in 9 out of 38 cases (24%) local guidelines were being met. The results were discussed broadly but in particular with the doctors involved in the prescribing, including sharing of best practice guidelines and additional audits of GP prescribing using the service computer system. GPs were also provided with patient information in a variety of languages explaining why antibiotics were or were not being prescribed. The second audit cycle showed an overall reduction in prescribing of antibiotics, a specific reduction in the prescribing of co-amoxiclav and an increase in prescribing meeting guidelines (59%).
- The service carried out monthly audits into clinician consultations using a computer programme which monitored quality and highlighted good and poor practice in order to maintain standards and improve quality. The average percentage of consultations audited was 10% dependent on length of service and overall performance levels with newer staff undergoing more checks. The service carried out 3701audits of 35,127 consultations in the 12 months from December 2015 to November 2016; of these 2448 (66%) were categorised as 'good', with only 55 audits (1%) categorised as 'concern'. We saw evidence of quality improvement for two staff members whose consultations were in the 'concern' category to achieving a majority 'good' and some 'excellent'. We also saw evidence of the system being used to support the dismissal of underperforming staff who were not able to improve.

Effective staffing

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

- The service had an induction programme for all newly appointed staff. This 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 and their performance was regularly reviewed during their induction period.

- The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and clinical supervision. The service had in place a robust system for monitoring and supervising registrars. All clinical and non-clinical had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Staff involved in handling medicines received training appropriate to their role.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.

- This included access to required 'special notes' which detailed information provided by the person's GP. This helped the out of hours staff in understanding a person's needs.
- The service shared relevant information with other services in a timely way, for example when referring patients to other services.
- The provider worked collaboratively with other services. Patients who could be more appropriately seen by their registered GP or an emergency department were referred. If patients needed specialist care, the out of hours service, could refer to specialties within the hospital.

The service worked with other service providers to meet patients' needs and manage patients with complex needs. It sent out of hours notes to the registered GP services electronically by 8am the next morning.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear clinical staff assessed the patient's capacity and, recorded the outcome of the assessment.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

62 of 66 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. Patients said they felt the service offered was excellent, efficient and thorough and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Four of 66 comment cards had positive and negative comments. Negative comments included long waiting times in the A&E department and in the out of hours service during peak times, however, positive comments included the service was good or very good and that staff were professional and friendly.

Care planning and involvement in decisions about care and treatment

Patients told us 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 available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the provider's own monthly survey for October to December 2016 showed:

- 93% of patients were 'satisfied' or 'very satisfied' with the medical advice and care received.
- 96% of patients had confidence in the staff treating and caring for them.
- 94% of patients rated the service as 'good' or 'very good' in addressing their concerns.

The service provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available or could be made available in easy read format and languages other than English.
- The service did not have a hearing loop or other facilities for patients with hearing impairment. Staff told us they would communicate with hearing impaired patients in writing.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified.

- Home visits were available for patients whose clinical needs which resulted in difficulty attending the service.
- There were accessible facilities and translation services available; however, the service did not have facilities for hearing impaired patients.
- The provider supported other services at times of increased pressure.
- The provider saw spikes in demand on Saturday evenings at different times through the year which on investigation related directly to patients in the Jewish community accessing services following the end of Sabbath, a period of religious observance and rest. In response, the provider amends weekly rotas to ensure additional capacity is available in relation to call answering on Saturday evenings, briefs staff in a weekend briefing bulletin reminding them of the times for Sabbath that week.

Access to the service

The service was open between 6.30pm and 8.30am Monday to Friday, and at all times on weekends and on bank holidays.

Patients could access the service via NHS 111, or by calling the service directly. The service did see 'walk in' patients referred from A&E. There were arrangements in place for people at the end of their life so they could contact the service directly.

Feedback received from patients from the CQC comment cards and from the National Quality Requirements performance analysis indicated that in most cases patients were seen in a timely way. NQR 5 – providers must regularly audit a random sample of patients experiences, indicated that 90% of patients felt they didn't have to wait too long to be seen.

The service had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Information was gathered by call handlers and GPs to allow for an informed decision to be made on prioritisation of home visits according to clinical need. Home visits were recorded on the clinical system and sent to the home visiting GP and home visiting vehicle driver who was responsible, in conjunction with the home visiting GP, to ensure home visiting performance targets were met, including where multiple visits were required. For example:

- NQR 12b – Urgent (Home Visit) to be started within 2 hours of the definitive clinical assessment being completed. The provider performed 99.6% in 2016/17.

Listening and learning from concerns and complaints

The service had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with the NHS England guidance and their contractual obligations.
- There was a designated responsible person who co-ordinated the handling of all complaints in the service.
- We saw that information was available to help patients understand the complaints system including posters displayed, a summary leaflet available and information on the provider website.

We looked at two formal complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency when dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient complained after they had not received a call back from a GP. The service investigated and found the patient's instructions for their telephone number to be changed had not been carried out and the GPs had called the patient's previous number with no answer. The investigation found that the call handler had made an error. The call handler was given additional training, GPs were informed of the incident and requested to check contact numbers for patients and all staff were informed of the incident. The patient received a written apology and explanation.

The service also monitored patient feedback and linked this with clinical audits and performance data to identify concerns and trends. The service identified through this process a GP who was working for the service as well as

Good

Are services responsive to people's needs?

(for example, to feedback?)

another provider and was poorly performing. The service clinical governance lead worked with the GP to reduce their workload and monitor their performance to an improved and satisfactory level.

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

- The service had a mission statement and staff knew and understood the values.
- The service had a robust strategy and supporting business plans that reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff.
- The provider had a good understanding of their performance against National Quality Requirements. These were discussed at senior management and board level. Performance was shared with staff and the local clinical commissioning group as part of contract monitoring arrangements.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the provider of the service demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff knew who the senior leadership team were and told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The service had systems in place to ensure that when things went wrong with care and treatment:

- The service gave affected people an explanation based on facts and an apology where appropriate, in compliance with the NHS England guidance on handling complaints.
- The service kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- There were arrangements in place to ensure the staff were kept informed and up-to-date. This included face-to-face and electronic updates such as regular training sessions, email updates, face-to-face meetings with individual staff, shift briefings for staff, and email briefings for shift supervisors for example relating to weekend operations.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the providers. Staff had the opportunity to contribute to the development of the service.

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

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

· The service had gathered feedback from patients through surveys and complaints and feedback received.

- The service had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the service was run.

Continuous improvement

Are services well-led?

Good

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

There was a focus on continuous learning and improvement at all levels within the service. The service regularly held training sessions and updates from clinicians which were attended by approximately 50% of active GPs working in the service.

The service had in place a robust clinical audit system for measuring and managing performance related to clinicians and patient consultations. The provider supported revalidation and appraisal systems by providing data and information for GPs.

The service provided a robust clinical supervision system for GP registrars that included a staged sign off system and continuous feedback supported by trainers and supervisors.