Rotherham and Barnsley Out of Hours

Quality Report

Rotherham Community Health Centre
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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 at Rotherham and Barnsley Out of Hours (OOH) service on 22 and 23 March 2017. Overall, the service is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for recording, reporting and learning from significant events.
- Risks to patients were assessed and well managed.
- 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 the OOH staff to access patient records. .
- 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.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding service:

- A member of reception staff raised concerns with the GPs that a child was a frequent attender. In response, the service had implemented a frequent attender's process for children aged under 12 years old. This meant the service collated information about frequent

Summary of findings

attenders at both the walk in centre and the OOH service and reviewed it to identify any possible safeguarding concerns. The staff brought any concerns to the patient's GP attention or to the local safeguarding board.

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 report incidents and near misses.
- There was an effective system in place for recording, reporting and learning from significant events.
- 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 system 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.
- Risks to patients were assessed and well managed.

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 hour's 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 and documentation audits demonstrated quality improvement.
- Staff had the skills, knowledge, and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for permanent staff.
- 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.

Summary of findings

- 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.

- The service had good facilities and was well equipped to treat patients and meet their needs.
- 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.
- 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.

Summary of findings

- 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.

Results from the provider's own survey carried out monthly from 1 October 2016 to 28 February 2017, where 4,743 patients returned surveys showed:

- 99% of patients would be extremely likely to recommend the service.
- 93% of patients strongly agreed and 6% agreed that the doctor or nurse listened carefully to what they had to say.
- 94% of patients strongly agreed and 5% agreed that they felt they were treated with respect during their consultation.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards, which were all positive about the standard of care received. Patients said they felt the service offered an excellent service, they would recommend it and staff were knowledgeable and listened to what they had to say.

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

Rotherham and Barnsley Out of Hours

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector**.** The team included a GP specialist adviser and three CQC inspectors.

Background to Rotherham and Barnsley Out of Hours

Rotherham and Barnsley Out of Hours service provides urgent medical care and advice for 400,000 patients in Rotherham and Barnsley and six GP practices in Sheffield when GP practices are closed. The service is provided by Care UK Clinical Services Limited and operated from two locations Rotherham Community Health Centre, Greasbrough Road, Rotherham, South Yorkshire, S60 1RY and the fracture clinic at Barnsley District Hospital,Gawber Road, Barnsley, S75 2EP. The administrative base and headquarters is at Rotherham Community Health Centre.

The staff team includes a Medical Director, a General Manager, a Service Manager, team leaders, call handling staff, drivers and GP's who are supported by a Regional Clinical Director. The service employs sessional GPs directly and occasionally through an agency. Managerial and administrative staff worked across this service and the equitable access centre which was co-located in the same building in Rotherham.

The opening hours are seven days a week from 6pm to 8am and 24 hours at weekends and bank holidays.

Rotherham and Barnsley patients access the service via the NHS 111 telephone service. Sheffield patients access the service via a direct telephone line provided by their GPs. Patients receive a telephone consultation which may result in advice being offered, an appointment at one of the locations, receive a home visit or referral to another service, depending on their needs. Occasionally patients access the service as a walk-in patient.

Rotherham Out of Hours services see an average of 468 patients per week and Barnsley Out of Hours see an average of 458 patients per week.

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 22 and 23 March 2017. During our visit we:

Detailed findings

- Spoke with a range of staff , the medical director, GPs, call handlers, receptionists, the service and operational managers, drivers and spoke with four patients who used the service.
- Observed how patients were provided with care and talked with carers and/or family members.
- Inspected the out of hours premises at Rotherham, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.
- Looked at three 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 15 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 team leader 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. Sessional staff were kept up to date through email briefings and also team leaders would brief staff of any updates at the beginning of each shift.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that staff shared any lessons and took action to improve safety in the service. For example, the service manager changed the process for the medication boxes following a GP leaving a drug box behind when they visited a nursing home.

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 adults relevant to their role. GPs and advanced nurse practitioners were trained to child safeguarding level three. Following a member of reception staff raising concerns with the GPs that a child was a frequent attender. The service had implemented a frequent attender's process for children aged 0 to 12 years. This meant the service collated information about frequent attenders at both the walk in centre and the OOH service and reviewed it to identify any possible safeguarding concerns. The staff brought any concerns to the patient's GP attention or to the local safeguarding board.
- A notice in the waiting room and in the treatment rooms 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). However, we found one member of the reception staff was unsure about the protocol for chaperoning. We discussed this with the service manager who agreed to ensure staff followed the correct protocols.
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection prevention and 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 as a result.
- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance. For example, annual servicing of vaccination fridges including calibration where relevant.
- We reviewed six personnel files and found the provider had undertaken the appropriate recruitment checks 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.
- There were systems in place to check whether sessional GPs met requirements such as having current professional indemnity, registration with the General

Medical Council, DBS checks and were on the Performers' list. (The Performers' list provides a degree of reassurance that GPs are suitably qualified, have up to date training, and have passed other relevant checks such as with 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. We noted the medicine fridge had an integral thermometer, which was calibrated annually. Staff told us they would normally also use a data logger as a second thermometer but there had been problems accessing the data and a new one would be ordered. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Processes were in place for checking medicines, including those held at the service and also medicines bags for the out of hours vehicles.
- Medicine storage in vehicles was secure, they were stored in locked boxes that were locked in the boot of the car (no controlled drugs were stored in vehicles). The service used a tagging system that the GP and driver checked and recorded at the start and end of the shift. The office staff checked the medication boxes on return to the office. The drivers stored prescriptions securely. The GP and driver logged the use of each prescription against the patient's identity number on the computer system. This enabled the service to track all of the prescriptions. However, we saw one log sheet that had not been signed by the GP who had prescribed the medication.The medical director was already aware of this issue and was planning to remind GPs of the importance of signing the document by e mail or individually. The service did not stock controlled drugs.
- Processes were in place for checking medicines and medical gas cylinders were stored appropriately.

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. 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 to monitor safety of the premises such as control of substances hazardous to health,infection control and legionella. (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- 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. The service had systems in place to meet any predictable fluctuations in demand, especially at periods of peak demand such as Saturday and Sunday mornings. An escalation process was in place for unexpected events, that allowed the service to meet patient needs. In addition, prior to a bank holiday the staff reflected on the previous bank holiday at the service performance review meetings to agree how many staff may be needed.
- There were systems in place to ensure the safety of the out of hours vehicles. The driver undertook checks at the beginning and end of each shift. These checks included vehicle mechanical checks, medical equipment, telephone and computer and equipment in case of an emergency. The provider had purchased all of the cars in 2016 and therefore to date they had not required a service or MOT. We checked three vehicles, found that all of the equipment was in place and in date, and securely stored. We found in two cars a box of out of date testing performa strips for diabetes. We discussed this with the service manager and the medical director who agreed to investigate this.
- 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. The GPs left a letter to state they had called and would call the emergency services should they be concerned for the patient's welfare.
- The provider had systems in place to ensure the safety of the GP and driver carrying out home visits.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training,including use of an automated external defibrillator. Sessional staff were required to provide updates of training undertaken in other roles and offered the training if it was due. There was an effective system to alert staff to any emergency, which we saw in operation on the day of our inspection.
- All staff received annual basic life support training, including use of an automated external defibrillator.
- The service had a defibrillator available on the premises and in the cars and oxygen with adult and children's masks at the locations. A first aid kit and accident book were available.
- Emergency medicines were easily accessible and all staff knew of their location. All the vehicles carried two emergency drug boxes. 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 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. There was a monitoring system in place to check clinicians followed guidelines.

Most calls to the service were initially answered by the NHS 111 service who would rule out emergency situations and then pass the patients details through to the service electronically for a GP to call the patient back. The GP would then assess the patient's needs. From the outcome of this assessment the patient could be given advice, offered an appointment at one of the two primary care centres, a home visit at their place of residence or a referral to an alternative provider. For example, referral to the emergency department. Decisions made depended on the patient's needs. This meant that the appropriate care and treatment was delivered to meet people's needs. The service was co-located with the walk-in-centre in Rotherham and any walk-in patients were referred to to that service. The Barnsley service is located in Barnsley Hospital and walk-in patients could be referred to the emergency department.

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 (CCG) 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. The CCG did not require the service to report in respect of all the requirements. Both CCGs commented that they were satisfied with the service provision.

We reviewed the data the service routinely collected to manage its own performance, which was not part of the NQR. For example:

- Between September 2016 and February 2017 the service assessed approximately 3,600 patients a month.
- The GP triaged (carried out a clinical assessment on the telephone) for 94% of patients, passed to the service from NHS 111, within 20 minutes for an urgent call.
- The GP triaged 74% of patients, passed to the service from NHS 111, within 60 minutes for a routine call.

From February 2017 to 19 March 2017, the service dealt with 3,754 patient contacts. Of those:

- 98% patients assessed as urgent received a face-to-face consultation within two hours.
- 98% patients assessed as less urgent received a face-to-face consultation within six hours.
- 92% patients assessed as an emergency had a home visit within 60 minutes.

Data kept specifically for the Rotherham OOH service showed from June 2016 to February 2017:

- The average proportion of home visits a month was 12.4%, the CCG expected target was equal to or below 13%.
- The average proportion of patients seen by a clinician was 33.8%, the CCG expected target was equal to or below 45%.
- The average proportion of patients referred to accident and emergency without a face-to-face consultation was 0.5%, the CCG expected target was equal to or below 2%.
- 99.6% of patients requiring a home visit within two hours received one. The CCG expected target was equal to or above 98%.
- 99.4% of patients requiring a home visit within three hours received one. The CCG expected target was equal to or above 98%.
- All patients requiring a face to face appointment with a clinician within two hours seen one. The CCG target was equal to or above 95%.
- From the services own survey 95.4% of respondents were satisfied with the clinical experience. The CCG expected target was equal to or more than 85%.

Data kept specifically for the Barnsley OOH service showed from June 2016 to February 2017:

Good

Are services effective?

(for example, treatment is effective)

- The average proportion of home visits a month was 11.4%. The CCG expected target was equal to or below 13%.
- The average proportion of patients who received a face to face appointment was 33.4%. The CCG expected target was equal to or below 45%.
- The average proportion of patients referred to accident and emergency without a face-to-face consultation was 0.6%, the CCG expected target was equal to or below 2%.
- 97.9% of patients requiring a home visit within two hours received one. The CCG target was equal to or above 95%.
- 99.5% of patients requiring a home visit within three hours received one. The CCG expected target was equal to or above 95%.
- All patients requiring a face to face appointment with a clinician within two hours seen one. The CCG expected target was equal to or above 95%.
- From the services own survey 95.4% of respondents were satisfied with the clinical experience. The CCG target was equal to or more than 85%.

The medical director reviewed one per cent of cases a year. They audited all the GPs notes up to three times a year, or more regularly if needed. They checked the documentation and if the clinician had taken the appropriate action and documented it appropriately. We saw in November and December 2016 the medical director had audited four sets of 15 clinician's notes. The audit included taking appropriate history, assessment, safeguarding, and prescribing and treatment outcomes. Most clinicians had scored 100%. The lead GP explained that they would discuss any shortfalls with the GPs individually.

- There was evidence of quality improvement including clinical and documentation audits to make sure clinicians followed NICE guidelines, such as medication, the treatment of terminal care patients, dealing with pyrexia in the under-fives, and the prescribing of antibiotics for infections. In addition, call handling and documentation audits.

- There had been several clinical audits completed in the last two years. The medical director used Information about patients' outcomes to ensure quality and make improvements. For example, we saw the medical director had completed an audit of antimicrobial prescribing to make sure clinicians had followed NICE guidelines when prescribing antibiotics. An audit of 87 patients with various infections, such as respiratory skin (cellulitis) and urinary tract infections (cystitis) was completed. Results of the audit showed that overall although there were some instances were prescribing was inappropriate most of the antimicrobial prescribing within the OOH service was appropriate and followed regional antimicrobial prescribing guidelines and best practice. Recommendations were made to the GPs for example that a wheeze and transmitted sounds do not require antibiotics.

Effective staffing

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

- The service employed a medical director, a general manager, a service manager, a service lead, team leaders, administrative and reception staff. Managerial and administrative staff worked across this service and the Rotherham Equitable Access Centre which was co-located in the same building. The service employed sessional GPs directly and occasionally through an agency.
- The service had an induction programme for all newly appointed permanent and sessional 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 learning needs of sessional GPs were identified by the medical director through a system of appraisals, meetings, and reviews of service development needs. GPs had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on going support, one-to-one meetings, coaching and mentoring, and clinical supervision. All staff 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. Temporary and sessional staff were required to

Good

Are services effective?

(for example, treatment is effective)

provide updates of training undertaken in other roles and offered the training with the provider if it was due.Records of training undertaken by agency staff were also kept.
- The service was a clinical placement area for medical students. Staff were trained as mentors to support them during their placement at the service.

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.

- The service worked with other service providers to meet patients' needs and manage patients with complex needs. The computer system sent the patient consultation notes to the GPs twice during the night and the service audited that the information was sent between 8 am and 9.30 am. From June 2016 to February 2017, the average percentage was 97.7%. The CCG expected target was above or equal to 98%.
- This included access to required records which detailed information provided by the person's GP. The medical director described how the service had engaged with GPs where they had found that the service required access to further information about patients with long-term conditions and had contacted them regularly. This helped the OOH GPs in understanding a person's need.
- The service shared relevant information with other services in a timely way, for example when referring patients to other services. The reception staff described the procedure for transferring a call to the emergency services.
- NHS 111 initially answered the calls from patients living in the Rotherham and Barnsley area. They would rule out any emergency cases and if appropriate they would pass the patients details directly to the service for an urgent or routine response. They service could view in the electronic patient record the answers asked and answered at NHS 111. The team leader could pass any concerns about the information received back to the NHS 111 service.
- The provider worked collaboratively with other services. Patients who could be more appropriately seen by their registered GP or an emergency department were referred on. If patients needed specialist care, the out-of-hours service, could refer to specialties within the hospital. Staff also described a positive relationship with the mental health and district nursing team if they needed support during the out-of-hours period.

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.
- Staff had access to information such as do not attempt resuscitation (DNAR CPR) orders so that they could take it into account when providing care and treatment.

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.

The Care Quality Commission received 15 comment cards and spoke with four patients who were all positive about the service experienced. Patients said they felt the service offered an excellent service, they would recommend it and staff were knowledgeable and listened to what they had to say.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the provider's own survey carried out monthly from 1 October 2016 to 28 February 2017, where 4,743 patients responded showed:

- 99% of patients would be extremely likely to recommend the service.
- 94% of patients strongly agreed and 5% agreed that they felt they were treated with respect during their consultation.

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 survey carried out from 1 October 2016 to 28 February 2017, where 4,743 patients responded showed:

- 93% of patients strongly agreed and 6% agreed that the doctor or nurse listened carefully to what they had to say.

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

- Staff told us that interpretation 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 in the waiting room specific to the services offered and to check if the GP OOH service was the appropriate service to meet their needs.

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 resulted in difficulty attending the service.
- Staff prioritised patients with complex needs for home visits. Such as those with palliative care needs
- The service had a portable hearing loop.
- There were accessible facilities and interpretation services available.
- The provider supported other services at times of increased pressure, such as Rotherham accident and emergency department.

Access to the service

The service was open seven days a week from 6pm to 8am and 24 hours at weekends and bank holidays.

Calls to the service were answered by the NHS 111 service and emergency situations were ruled out. The patients details were then passed to the OOH service in Rotherham and Barnsley. A small number of practices in the Sheffield area used the out-of-hours service. Those patients contacted the OOH service directly by ringing a dedicated number or their own GP practice telephone number. NHS 111 would determine whether the patient required an urgent or routine response. A GP would then telephone all the patients back and may offer further advice, an appointment at the primary care centre, a home visit or referral to another healthcare provider. The staff followed the Rotherham and Barnsley OOH service patient journey flow chart, which clearly described the different routes a GP could choose for the patient. This meant that staff delivered the appropriate care and treatment to meet peoples'needs consistently.

The reception staff followed the protocols on the computer system when speaking with those who contacted the service directly to enable them to classify the patient as urgent or routine. They sat in close proximity of the telephone GP's should they have required further advice.

Feedback received from patients from the CQC comment cards and from the services own data collection indicated that in most cases patients were seen in a timely way. For example:

- 94% of patients with an urgent need received a telephone call from the GP within 20 minutes of their details being passed to the service.
- 74% of patients with a routine need had received a telephone call from the GP within an hour.

At times of peak activity the patient contact list was monitored by a clinical navigator who could identify where telephone advice was of no benefit to the patient and offer a home visit or a face to face appointment.

Results from the provider's own survey carried out monthly from 1 October 2016 to 28 February 2017, where 4,743 patients returned surveys and CQC comment cards showed that staff saw patients promptly.

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. Such as, posters and leaflets in the waiting room.

We looked at 11 complaints, nine for Rotherham, and two for Barnsley. We saw staff had handled these satisfactorily in a timely way and displayed openness and transparency. Staff had learned lessons from individual concerns and complaints and from the analysis of trends. For example, an error when administering medication from a drug box, had caused the staff to review rearranging the drug box contents and ensuring GPs had sufficient light to enable them to see the medicines. Sessional GPs received updates from learning from complaints both by email and in person on their next shift from the team leader.

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

Staff we spoke with had a clear vision to deliver high quality care and promote good outcomes for patients. There was a robust strategy and supporting business plans that reflected the vision and values. The service had a mission statement and staff we spoke with knew and understood the values.

At the time of our inspection the provider had given notice to the CCG to withdraw from providing the service in July 2017. Following consultation with patients a new provider had been appointed and staff were fully aware of the changes and had been involved in the design of the new premises.

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:

- The provider had a well established local management team that supported and explored new ways of working.
- There was a clear staffing structure and 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 every two months as part of contract monitoring arrangements. However, we found that the provider did not have to provide the CCG with evidence of all of the quality standards.
- 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 told us the managers 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 managers 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.
- 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 regular team meetings.
- 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 received. For example, the monthly patient survey.
- The service had gathered feedback from staff through an annual survey called 'over to you' in 2016. The three highest scoring was I feel proud of the work I do, I know what is expected of me, where we work we go the extra mile to provide quality care to our patients or

Are services well-led?

Good

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customers. The three lowest scoring were I believe that action will be taken in response to the survey, I am satisfied with my level of pay and benefits, and I am kept updated about how Care UK is doing and future plans.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- The managers had engaged with staff about the withdrawal of the contract by Care UK and how this action would affect them personally and professionally. Staff consultation meetings had taken place and staff working in the new service in Rotherham had the opportunity to meet their colleagues.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. The service team was forward thinking and had planned for new ways of working when transferred to the new provider.