

The Beacon Healthcare Centre

Quality Report

St Mary's 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Beacon Health Care Centre Out Of Hours, St Mary's Hospital, Parkhurst Road, Newport, Isle of Wight, PO30 5TG, on 17 and 18 March 2015. The service was part of a Joint Venture Agreement between the Isle of Wight NHS Trust and Lighthouse Medical Ltd.

This inspection covered the Beacon Health Care Centre Out Of Hours service only. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, well-led, effective, caring and responsive services.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients told us 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.
- Patients told us they found it easy to make an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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?

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.

Vehicles used to take clinicians to patients' homes for consultation were well maintained, cleaned and contained appropriate emergency medical equipment. Emergency equipment held at the treatment centre was well maintained and serviced.

Good



Are services effective?

The service is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. 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.

Clinicians were able to prioritise patients and make the best use of resources. We saw that seating in the waiting area at the treatment centre was positioned to allow reception staff to see patients which helped them identify those who might need earlier intervention due to a deteriorating medical condition.

There was an effective system in place to ensure information about patients who used the out of hour's service was shared with their own GP at the earliest opportunity. This included patients who were on holiday on the Isle of Wight. If they used the service their own GP was notified of the circumstances and any treatment they had received.

Good



Are services caring?

The service is rated as good for providing caring services. Data showed that patients rated the practice high for several aspects of care. Patients said they were treated with compassion, dignity and

Good



Summary of findings

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?

The service is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Patients said they found it easy to make an appointment through the 111 system and that there was continuity of care, with urgent appointments available the same day. The practice 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.

We found that the provider had an effective system to ensure that, where needed, GP's could provide a consultation in patients' homes.

Good



Are services well-led?

The service is rated as good for being well-led. It had a clear vision and strategy.

The service we inspected was part of a Joint Venture Agreement (JVA) between the Isle of Wight NHS Trust and Lighthouse Medical Ltd.

There was a strong and stable management structure; the Trust Chief Executive Officer, the nominated individual and the Lighthouse Medical Ltd management team were very knowledgeable and were an integral part of the staff team. The Managing Board were very experienced and had diverse professional backgrounds and knowledge. Both the Board and executive team displayed high values aimed at improving the service and patient experience and were taking positive steps to remind and re-enforce those values with all staff through a series of seminars and presentations.

Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The service had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The service proactively sought feedback from staff and patients, which it acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

What people who use the service say

Patient surveys undertaken by the provider in September 2014 showed that 151 respondents had rated the service as either very satisfied or satisfied. There were two respondents who were dissatisfied.

We received 17 comments cards that had been left by patients to record their views on the service. All of the comments were positive and emphasised the caring and respectful attitudes of staff and excellent standards of care. There were comments about waiting times being a bit long but generally the patients were satisfied.

During the period of time we were visiting the service, we were only able to speak with two people using the out of hour's service. They were very positive in their remarks about the service and were seen by a GP quickly.

The NHS Choices website allowed users to comment on the above practices and their services, and to give a star rating.

Beacon Healthcare Centre had been rated overall five out of five stars on the NHS Choices website on seven occasions. Other ratings on the website included

- Telephone access – 4.0 stars (six ratings).
- Appointments – 4.0 stars (six ratings).
- Dignity and respect – 4.0 stars (seven ratings).
- Involvement in decisions – 4.0 stars (seven ratings).
- Providing accurate information – 4.5 stars (seven ratings).

Nine service users had left comments on the site. These comments praised the staff working there. However one comment criticised waiting times and another comment criticised the lack of information about the service that was available on NHS Choices.

The Beacon Healthcare Centre

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 specialist advisor GP, a second CQC inspector and a specialist advisor practice manager.

Background to The Beacon Healthcare Centre

Isle of Wight NHS Trust is the only integrated acute, community, mental health and ambulance health care provider in England. Established in April 2012 the Trust provides a full range of health services to an isolated offshore population of 140,000.

The out of hour's service we inspected is part of a Joint Venture Agreement (JVA) between the Isle of Wight NHS Trust and Lighthouse Medical Ltd.

Lighthouse Medical Ltd was set up to deliver services under the directions of the Beacon Board terms of reference. The Board has responsibilities to oversee the delivery of safe, effective care and services in a compassionate environment and ensure they are provided in a way that is responsive to the changing needs of patients.

Under the terms of reference the Board meets monthly to monitor progress and achievement, and ensure that targets are being met for quality and performance. The Board makes recommendations and identified actions to manage any targets that are not being met.

The Beacon Health Care Centre provides a seven day a week GP led walk in service from 8am to 8pm daily.

The Beacon Health Care Centre also provides seven days a week out of hours GP services when patients' own GP practices are closed. This includes medical advice and assessment for patients who have an urgent problem that cannot wait until they can arrange a visit to their own GP.

The out of hour's service employs 37 GPs both male and female to cover different shifts. This equates to 7.4 whole time equivalents.

The out of hours drivers are employed by the ambulance service on a shift rota with two cars running from 6:15pm to midnight the one car running from midnight until 8.00 am. This equates to 4.7 whole time equivalents.

The management and administration staff are employed by Lighthouse Medical Ltd they work on various contracts and varying times and include Operational Manager, Office Manager, Analysis & Systems Lead, Service Lead and administration reception staff. This equates to 2.52 whole time equivalents.

Access to the out of hour's service is via the 111 telephone system. The out of hour's service is available to all Isle of Wight residents and visitors from 8pm until 8am, every night of the week, at weekends and bank holidays. A clinical advisor assists the patient towards the safest and most appropriate pathway for care; for example an Ambulance response or Paramedic attendance, advice from a GP or a home visit for patients that were housebound.

The out of hour's service is located at St Mary's Hospital, Parkhurst Road, Newport, Isle of Wight, PO30 5TG.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service in response to concerns about the service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 asked the service to send us information about them, including their statement of purpose, how they dealt with and learnt from significant events and the roles of the staff. We carried out an announced visit on 17 and 18 March 2015.

During our visit we spoke with a range of staff including GPs, practice nurses, the operations manager, administration staff and reception staff. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We visited the GP and GP assistant/drivers who were working at the Beacon Health Centre. We visited the organisation's administrative centre where we spoke with the Chief Executive Officer and administration staff.

We reviewed information that had been provided to us by the provider and other information that was available in the public domain.

We conducted a tour of the treatment centre and looked at the vehicles used to transport clinicians to consultations in patients' homes.

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?

Are services safe?

Our findings

Safe track record.

The service prioritised safety and used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. As the out of hours service was run as part of the integrated care services provided by the Isle of Wight NHS Trust significant events and complaints were dealt with by the Trust patient quality department. We saw minutes from clinical meetings which discussed complaints and significant events and other relevant clinical issues from which learning points could be taken.

For example an incident occurred where a patient was unhappy that they had not been admitted to hospital after episodes of dizziness. The patient was brought into the hospital by ambulance but referred to and seen by a GP in the out of hours service. The GP discussed the patient's symptoms with the medical registrar at the hospital and the registrar chose not to admit the patient. The patient was discharged from the out of hours service and subsequently fell at home. The phone call between GP and medical registrar was reviewed and a response to the complaint sent to the patient quality department. A letter of explanation was sent to the patient and the patient was offered a meeting with staff to discuss the complaint further.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last three years. This showed the service had managed these consistently over time and so could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents.

The service had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of a number of significant events that had occurred during the last two years and saw this system was followed appropriately. Significant events were a standing item on the service meeting agenda and a dedicated meeting was held monthly to review actions from past significant events and complaints. There was evidence that the service had learned from these and that

the findings were shared with staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Staff used incident forms on the services intranet and sent completed forms to the operations manager. They showed us the system used to manage and monitor incidents. We saw evidence of action taken as a result of learning from incidents and that this learning had been shared and monitored by the Trust's patient quality department. Where patients had been affected by something that had gone wrong they were given an apology and informed of the actions taken to prevent the same thing happening again.

National patient safety alerts were disseminated by the Isle of Wight NHS Trust to the out of hours service and onto staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the areas of care they were responsible for. They also told us alerts were discussed at team meetings to ensure all staff were aware of any alerts that were relevant and where they needed to take action.

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 all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details for relevant agencies were easily accessible.

The service had appointed dedicated leads in safeguarding vulnerable adults and children and worked in line with the safeguarding policies of the Isle of Wight NHS Trust. All GPs working for the out of hours service had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles. All staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern.

Are services safe?

There were safeguarding posters in all four consulting rooms and one in the Beacon Health Care Centre office rest area, detailing names and contact numbers for the hospital safeguarding team.

There was a chaperone policy, which was visible on the waiting area noticeboard. 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. Nursing staff had been trained to be chaperones. Reception staff would act as a chaperone if nursing staff were not available. Receptionists had also undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. Staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. (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).

Medicines management.

The out of hours service had access to the complete range of medicines carried by the hospital pharmacy twenty four hours, seven days a week. The GPs were able to access medicines through the following four routes.

- The standard medications carried by out of hour's services, were carried in the cars for ease of supply and updated and changed based on local and national recommendations. The contents of the GP bags or boxes were organised by the hospital pharmacy and there were set procedures in place to ensure that the GP bags or boxes were checked, medicines replaced and audited regularly. They were also stored securely when not in use.
- The GPs working in the health centre could access a preloaded medicine (MDG) cabinet in the department which contained a range of acute and routine medicines provided by the hospital pharmacy. The cabinet is an automated medication and supplies dispensing system which is linked to the pharmacy ordering system. This ensures that when a medicine was used it would be automatically reordered. The cabinet was also secure and could only be accessed by authorised personnel.
- The out of hours GPs could request the assistance of the out of hour's pharmacist who was available day and night.

- The GPs had access, to stocks of all the medicines likely to be required by palliative care patients (palliative care is the specialised medical care of people with advanced progressive illness). This was maintained by the hospital pharmacy and kept in a secure area. While we were visiting we were able to access this facility and test the security and procedures. We found security procedures to be robust and the facility to be well organised.

We saw a positive culture in the service for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed.

We saw that prescribing audits had taken place and there was a set procedure to deal with medicine alerts. Having the support of the hospital pharmacy and managing medicines in line with the Isle of Wight NHS trust policies ensured that medicines were managed to a high standard.

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. Cleaning was organised by the hospital. We saw that there had been a review of the policy relating to Control of Substances Hazardous to Health in January 2015.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the services infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

There was a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and received annual update training. We saw evidence that the lead had carried out audits for each of the last three years and that any improvements identified for action were completed in line with timescales set. Minutes of meetings showed that the findings of the audits were discussed with staff. There had been a full infection control audit in January 2015 giving a 90% result

Are services safe?

followed by another in February 2015 giving a 100% result. The service had attained the 100% by reacting to the previous results and improving segregation of waste and making sure all trolleys being used were cleaned.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The service relied on the Isle of Wight NHS Trust policy for the management, testing and investigation of legionella through the whole hospital. (This is a bacterium which can contaminate water systems in buildings).

Equipment.

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers and blood pressure measuring devices.

Vehicles used to take GPs to consultations were cleaned internally and externally at least weekly and more frequently if required. We were told that the vehicles used by the service were owned by the Isle of Wight ambulance service and leased to the out of hour's service. The maintenance and up keep of the vehicles was conducted by the ambulance service. The vehicles were covered by ambulance service contracts for break downs and recovery. The vehicles carried oxygen and an automated external defibrillator (used in cardiac emergencies). These items were checked at the beginning of each shift.

Staffing and recruitment.

The service had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. 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 checks through the Disclosure and Barring Service (These 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).

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Staff told us there were usually enough staff to maintain the smooth running of the service and there were always enough staff on duty to keep patients safe. The operations manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

The out of hour's service employed 37 GPs both male and female to cover the out of hours on different shifts. This equates to 7.4 whole time equivalents. The out of hours drivers are employed by the ambulance service on a shift rota with two cars running from 6:15pm to midnight the one car running from midnight until 8.00 am. This equates to 4.7 whole time equivalents. The management and administration staff are employed by Lighthouse Medical Ltd the work on various contracts and varying times and include Operational Manager, Office Manager, Analysis & Systems Lead, Service Lead and administration reception staff. This equates to 2.52 whole time equivalents.

Monitoring safety and responding to risk.

The service had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The service also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

Arrangements to deal with emergencies and major incidents.

The out of hour's area was next to the hospital accident and emergency department so the service had shared arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and what the procedures were to obtain help in an emergency.

Are services safe?

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 power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. The plan was last reviewed in 2013. The out of hour's service was able to integrate with the main hospital with regards to any major incidents and was able to call on the hospital to assist.

The service had contingency plans to manage risks associated with the staff and vehicles used during the out

of hours. For example if a driver was unable to work, there was a procedure to contact another driver, reduce the number of calls or ask the ambulance service to provide a driver. Finally if these contingencies failed, the GPs on call were asked to use their own vehicles as long as they had appropriate insurance in place.

Fire evacuation drills and fire control were organised and monitored by the hospital as part of the overall control of the building.

The hospital had security officers on duty who were able to assist in the out of hour's part of the building if circumstances required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment.

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw that guidance from local commissioners was readily accessible in all the clinical and consulting rooms.

We discussed with GPs how NICE guidance was received into the service. Staff told us guidelines were downloaded from the website and disseminated. We saw minutes of clinical meetings which showed that guidelines were discussed and implications for practice's performance and implications for patients were identified and required actions agreed. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

Staff described how they carried out comprehensive assessments which covered all health needs that were in line with these national and local guidelines. They explained how care was planned to meet identified needs. For example after patients attended the out of hour's practice as a result of contact with the 111 service, they would be triaged by a nurse. This could be a nurse from the out of hour's service or from the accident and emergency department. If the nurse felt that the patient had deteriorated and required urgent treatment, the patient could be taken directly to the accident and emergency department of the hospital, which is next to the out of hours service.

Between February 2014 and March 2015 the service reported that it had attained 100% each month for patients with a life threatening condition passed to A&E within five minutes of arriving at the centre. This figure was an average of 86% of urgent patients seen within two hours of completion of a definitive clinical assessment.

The service reported that in the same period urgent telephone calls were responded to within one hour on average 92.75% of the time and less urgent telephone calls were responded to within two hours on average 97.66% of the time.

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease and asthma and the nurses

supported this work, which allowed the service to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us this supported all staff to review and discuss new best practice guidelines, for example, for the management of respiratory disorders. Our review of the clinical meeting minutes confirmed that this happened.

The practice used computerised tools to identify patients who were at high risk of admission to hospital. There were instances where patient care was transferred between the accident and emergency department and the out of hour's service. In such instances patient information could be transferred between the two services electronically. For example where a clinical decision had been made for a patient to have a period of observation, the patient was transferred to accident and emergency as the out of hours had no facilities to observe.

The service provided information for the National Quality Requirements (NQR), these requirements, for GP out of hour's services, were set out by the Department of Health in 2006. These requirements were designed to ensure that GP out-of-hours services were safe, clinically effective and delivered in a way that gave people a positive experience.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the service took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people.

Information about people's care and treatment, and their outcomes, was routinely collected and monitored and this information used to improve care. Staff across the service had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, managing child protection alerts and medicines management. The information staff collected was then collated by the operations manager to support the service to carry out clinical audits.

The service showed us clinical audits examples being nebuliser usage audit, antibiotics guidelines and conjunctivitis audits that had been undertaken in the last year. These were completed audits where the service was able to demonstrate the change resulting from the outcome of the initial audit. We saw audits where the out

Are services effective?

(for example, treatment is effective)

of hour's service had ordered X-rays for patients and not necessarily read the X-ray. The audit was done to ensure that the X-rays were reviewed by a consultant radiologist and there were no negative outcomes from this procedure.

The service made use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how, as a group, they reflected on the outcomes achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement.

We saw that a GP had audited patient records to review the way in which the out of hours GPs identified patient concerns, serious or emergency situations, diagnosed and recorded symptoms, communicated effectively and took appropriate history including relevant non-clinical circumstances that may be affecting the patient. Of the 52 checks carried out by the GP, all GPs checked scored 100% on the audit.

Effective staffing.

At the Beacon Centre some GPs were employed for both the walk in day time services and the out of hour's service whilst other GPs worked elsewhere and undertook just out of hour's services, those GPs had less checks on performance and training needs

Staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. We noted a good skill mix among the GPs who were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for 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).

Our interviews with staff confirmed that the service was proactive in providing training and funding for relevant courses, for example fire training and chaperone training.

Nurses had job descriptions outlining their roles and responsibilities and provided evidence that they were trained appropriately to fulfil these duties. For example, on administration of vaccines. Those with extended roles for

example seeing patients with long-term conditions such as asthma, chronic obstructive pulmonary disease, diabetes and coronary heart disease were also able to demonstrate that they had appropriate training to fulfil these roles.

Working with colleagues and other services.

The service worked with other service providers to meet patient's needs and manage patients with complex needs. The service had a policy outlining the responsibilities of all relevant staff in passing on, reading and on information received from other providers. The service was able to see patients from the Isle of Wight and visitors to the island. Patient records were e-mailed to the patients GP practice at the end of each day. The service checked with patients that they were happy for their treatment notes to be sent to their GP and for patients and for visitors to the Island, the service checked to make sure they had the correct GP details.

The service worked closely with other hospital departments especially the accident and emergency department and we were told that staff worked closely with the children's ward and the sexual health department in the hospital.

There was good collaborative working between the provider and other healthcare and social care agencies to help ensure patients received good outcomes in a short time. The provider took referrals from the NHS 111 system and worked closely with the Island Ambulance services as part of the integrated care programme.

Information sharing.

The service used several electronic systems to communicate with other providers. For example, there was a shared system with local GPs to allow information to be shared in a secure and timely manner. We saw evidence there was a system for sharing appropriate information for patients with complex needs with the ambulance and GP practices.

Due to the nature of the out of hour's service a lot of information was shared by e mail. The service used a number of facilities offered by the NHS trust to share information, an example being incidents and complaints were passed to the trust patient quality department. The service also used a number of the trust policies to assist in the running of the service, for example infection control, safeguarding and recruitment policies.

Are services effective?

(for example, treatment is effective)

The service had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. We saw evidence that audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

Consent to care and treatment.

We found that staff were aware of the Mental Capacity Act 2005 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.

We saw a consent to examination and treatment policy that was reviewed in November 2014 and explained the procedures for obtaining consent from the patient.

We saw that staff obtained patient's consent and explained their treatment in a manner that reflected the patient's level of understanding.

All clinicians were responsible for completing patient notes. We saw that these were comprehensive and informative. There were good systems in place to ensure that records were sent to the patient's own GP before the GP surgery opened the next day.

Health promotion and prevention.

Due the nature of the service, it was difficult to assess the impact of health promotion and prevention provided as the patients may only be seen by the out of hours GP to treat a single condition. We saw posters and information leaflets in the waiting area about smoking cessation and obesity. The nurse told us that they gave advice to patients with regards to sexual health and they had close links with the children's ward of the hospital to obtain advice about health promotion for families with young children.

Are services caring?

Our findings

Respect, dignity, compassion and empathy.

We observed many interactions between patients and carers and out of hour's staff. Without exception we saw that staff acted in a kind and sympathetic manner and maintained the patient's dignity and confidentiality at all times. Of particular note was the positive way in which staff reacted and dealt with patients who had been drinking alcohol or had taken drugs. Staff handled potentially difficult situations with tact and good humour.

We saw that the patient waiting area was warm and comfortable with adequate seating. We noted that the seating in the patient waiting area was arranged to allow staff in the reception area to see patient's easily in the event that there was any deterioration in their condition where they may need to be seen by a clinician more urgently.

Patients reported that they found the service to be very good and that staff were sympathetic, thorough, efficient and pleasant. One patient reported that the service was better than going to their own GP.

Care planning and involvement in decisions about care and treatment.

We saw that staff obtained patient's consent and explained their treatment in a manner that reflected the patient's level of understanding.

Patient experience surveys conducted by the provider showed a high level of satisfaction with the service provided and the attitude of staff towards patients.

We saw that in a recent audit of the GPs used by the out of hours service the service scored 100% for the question that asked if GPs communicated effectively, had taken an appropriate history and made notes containing an adequate level of detail that included relevant non clinical circumstances that may have affected the patient.

Patient/carer support to cope emotionally with care and treatment.

One hundred and fifty one patients responded to a survey undertaken between September 2014 which showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example: 82 patients said they were overall very satisfied, 49 patients said they satisfied and 2 patients said they were overall dissatisfied with the support provided. .

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs.

We found the service was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the local population were understood and systems were in place to address identified needs in the way services were delivered. For example the service was integrated with all medical services on the Isle of Wight. It was located in the centre of the Island and worked with the hospital trust, walk in centre and ambulance service. This integrated care provided a twenty four hours seven days a week service for people on the Isle of Wight.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the service engaged with them and other practices to discuss local needs and service improvements that needed to be prioritised.

Tackling inequity and promoting equality.

The service had recognised the needs of different population groups in the planning of its services. For example, longer appointment times were available for patients with learning disabilities or patients who found it difficult to access treatment. The majority of patients spoke English as a first language but access to online and telephone translation services were available if they were needed.

National Quality Requirements (NQR) in this area showed that the service recorded a 100% rate in 2014-2015 for the percentage of patients whose notes or consultation records recorded their ethnic origin, first language and disability status.

The service also recorded 100% for the patients unable to communicate effectively in English provided with an interpretation service within 15 minutes of initial contact and the percentage of patients with an impaired hearing or sight provided with an appropriate service within 15 minutes of initial contact.

NQR for GP out of hours services were set out by the Department of Health in 2006. These requirements were designed to ensure that GP out-of-hours services were safe, clinically effective and delivered in a way that gave people a positive experience.

The premises and services had been designed to meet the needs of people with disabilities. The practice was accessible to patients with mobility difficulties as facilities were all on one level. The consulting rooms were accessible for patients with mobility difficulties and there were access enabled toilets and baby changing facilities. There was a large waiting area with plenty of space for wheelchairs and prams. This made movement around the practice easier and helped to maintain patients' independence.

Staff told us that they saw patients who were homeless. There was a system for flagging vulnerable patients in individual patient records. Some patients who tried to use the service for their own benefit for example, to obtain additional drugs as part of substance misuse were flagged on the computers to alert the staff to their behaviour. An alert could also be used to identify patients who may have previously been violent or shown aggressive behaviour.

The practice 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 and that equality and diversity was regularly discussed at staff appraisals and team events.

Access to the service.

Access to the out of hour's service was via the 111 system. The out of hour's service was available to all Isle of Wight residents and visitors from 8pm until 8am, every night of the week, weekends and bank holidays. A clinical advisor assisted the patient towards the safest and most appropriate pathway for care; for example an Ambulance response or Paramedic attendance, advice from a GP or a home visit if the patient was housebound.

111 is the NHS non-emergency number. This is a free service and patients could call 111 and speak to a highly trained advisor, supported by healthcare professionals. Advisors asked the patient a series of questions to assess symptoms and immediately directed the patient to the best medical care for them.

Out of hours, the 111 team would place the patient on a list for the duty GP at the out of hour's service to call the patient back as they may need an appointment. The GP called the patient back as soon as possible and triaged the patient to decide if they should attend the hub at St Mary's hospital, or if a home visit was needed.

Are services responsive to people's needs?

(for example, to feedback?)

Comprehensive information was available to patients about the out of hour's service on the St Mary's Hospital website. This included how to arrange urgent appointments and home visits and how to book appointments through the 111 system.

There were also arrangements with GP practices on the Isle of Wight to ensure patients received urgent medical assistance when their practice was closed. If patients called the practice when it was closed, an answerphone message gave details of how to access the out of hour's service.

Home visits were made to patients using drivers to convey the GPs in specially converted vehicles containing equipment to assist the GPs in their consultations. The vehicles were equipped with computers to direct the vehicles to new home calls when they were out on the road. There were two cars available until midnight with one car running after midnight. Before midnight separate cars operated on the East and West of the Island.

Patients we spoke with and comments cards completed indicated that people were satisfied with the appointments system used by the out of hours service and said it was easy to use.

Listening and learning from concerns and complaints.

The service 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 person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. It included posters, a leaflet and information on the hospital website.

We looked at 12 complaints received in the last 12 months and found that these were handled satisfactorily, dealt with in a timely way and showed openness and transparency in dealing with the complaint. We noted that the complaints were combined for the walk in and out of hour's service and were not readily identifiable from each service.

The service reviewed complaints annually to detect themes or trends. We looked at the report for the last review and no themes had been identified. However, lessons learned from individual complaints had been acted on and improvements made to the quality of care provided.

Minutes of team meetings showing that complaints were discussed to ensure all staff were able to learn from complaints and contributed to determining any improvement action required.

Complaints were handled by the Isle of Wight NHS Trust as part of its service provisions for the Beacon Health Centre and they were not handled directly by the out of hour's staff. All calls to the out of hour's service were triaged through the 111 system and any patient complaint was passed to the patient quality department at the Trust. They would acknowledge receipt of the complaint and then pass the information to the out of hour's services operation manager to investigate.

The Trust recorded the complaint to ensure that it was properly and appropriately dealt with. A schedule was kept of complaints with details of actions taken and lessons learnt as a result of the investigation.

An example seen was an informal concern from a patient regarding the attitude of one of the GPs. This was reported to the out of hour's co-ordinator and investigated, the GP apologised and the patient was happy with the outcome. The complaint was closed.

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. We found details of the vision and practice values were part of the practice's strategy and 2015 year business plan. We saw evidence the strategy and business plan were regularly reviewed by the service and the Trust. The service vision and values included providing a friendly, caring good quality service that was accessible to all patients and providing a true partnership between primary care, secondary care and ambulance services that revolved around a single integrated service with good governance and monitoring with ability to innovate and deliver.

We spoke with eight members of staff and they all knew and understood the vision and values, knew what their responsibilities were in relation to these and had been involved in developing them. We looked at minutes of meetings and saw that staff had discussed and agreed that the vision and values were still current.

Governance arrangements.

The service had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at ten of these policies and procedures and most staff confirmed when they had read the policy All ten policies and procedures we looked at had been reviewed annually and were up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and there was a GP designated as the lead for safeguarding. We spoke with eight members of staff and they were all clear about their own roles and responsibilities and who were the members of staff in lead roles. Staff told us they felt valued, well supported and knew who to go to in the service with any concerns.

The service we inspected was part of a Joint Venture Agreement (JVA) with the Isle of Wight NHS Trust. Lighthouse Ltd was set up to deliver services under the directions of the Beacon Boards terms of reference. The

board had responsibilities to oversee the delivery of safe, effective care and services in a compassionate environment in a way that is responsive to the changing needs of patients and service users within the organisation.

Under the terms of reference the board met monthly to monitor progress and achievement, report and make recommendations and ensure that targets were being met for quality and performance and ensure that actions were identified to meet failing targets.

The post holders included the Trust Associate Director, Beacon Medical Director, and members from the Trust and Lighthouse Ltd. for example the trust HR Manager and Beacon Operations Manager.

The medical director and operations manager took an active leadership role for overseeing the systems in place to monitor the quality of the service, including using the National Quality Requirements (NQR).

For example:

- NQR 6 required a provider to operate a complaints procedure that was consistent with the principles of the NHS complaints procedure and report any action taken to improve quality. The service reported that during the period April 2013 to March 2014 it achieved 100%.
- NQR 2 required a provider to send details of all GP out-of-hours consultations to the practice where the person was registered by 8am the next working day. The service reported that for the same period they achieved a 100% score.
- NQR 4 required that a provider regularly audited the quality of clinical care given by GPs and nurses that delivered the service and report any action taken to improve quality to commissioners. The service had conducted an audit of the GPs employed and submitted results that scored 100%.

The practice also had an on-going programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. The practice had a pool of 37 GPs working a number of various shift patterns and had difficulty in coordinating this information. We saw examples of audits in quality of note keeping by GPs and audits of Infection control.

We saw that the service submitted reports from other data from sources, including incidents and complaints, these was used to identify areas where improvements could be

Are services well-led?

Good 

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

made. Additionally, there were processes in place to review patient satisfaction, and that action was taken in response to feedback from patients or staff. The service regularly submitted governance and performance data to the local clinical commissioning group. The Trust also monitored the service via monthly meetings to ensure targets were being met and audits were discussed at these meetings. In addition there were two evening meetings every six months, and all the GPs employed by the service were invited to attend. All the audits, pressures on the service and key performance indicators were discussed at this meeting.

The operations manager was responsible for human resource policies and procedures. We reviewed a number of policies, that were in place to support staff, for example disciplinary procedures, induction policy, management of sickness. The service received support in the area of human resources management from the Trust and the human resources manager sat on the Beacon Board as a voting member. Staff we spoke with knew where to find these policies. The practice had a whistleblowing policy which was also available to all staff in the staff handbook and electronically on any computer within the service.

Leadership, openness and transparency.

Staff told us that the GPs and managers at the service were approachable and listened to them. All staff were involved in discussions about how to manage, improve and develop the service. We saw from minutes that team meetings were held every month. Staff told us that there was an open culture within the service; they were supported to raise any issues at team meetings and felt confident in doing this. Staff said they felt respected, valued and supported, particularly by the managers.

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

The service encouraged and valued feedback from patients. It had gathered feedback from patients through surveys and complaints received.

We saw evidence that the service had reviewed its' results from a GP survey to see if there were any areas that needed addressing. The service was actively encouraging patients to be involved in shaping the service delivered at the centre.

The service gathered feedback from staff through staff meetings, appraisals and discussions. 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 in the practice to improve outcomes for both staff and patients.

Management lead through learning and improvement.

Staff told us that the service supported them to maintain their clinical professional development through training and mentoring. We looked at a selection staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice supported training and that they attended classroom sessions and used on line training packages.

The service had completed reviews of significant events and other incidents and shared information from these with staff at meetings and away days to improve outcomes for patients. Major incident training was provided to staff involving the whole hospital and using all the equipment that may be required in a real emergency involving the whole hospital.