Urgent Care Centre (FCMS (NW) Limited)

Quality Report

Doncaster Royal Infirmary, Armthorpe Road,
Doncaster, DN2 5LT
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Date of inspection visit: 28/11/2016 and 01/12/2016
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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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Urgent Care Centre on 28/11/2016 and 01/12/2016. Overall the service is rated as requires improvement.

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.
- Most risks to patients were assessed and well managed with the exception of those relating to medicines management.
- Patients' needs were assessed and managed in a timely way.. The service met the National Quality Requirements.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was a system in place that enabled staff access to patient records and to communicate patient information with other relevant services e.g. the patient's own GP.
- 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.

Summary of findings

The areas where the provider must make improvement are:

- Ensure all those who act as chaperones are trained for the role and chaperone information is available to patients.
- Ensure stocks of medicines are regularly checked, appropriately disposed of and prescription pads are tracked through the service.
- Ensure the arrangements for accessing controlled drugs from midnight to 7am are appropriate and staff know how to access these. Ensure the stock lists for controlled drugs are updated so staff know which drugs are kept in each area.
- Review driver checks in place to ensure they are fit for their role.
- Review the process for DBS checks for sessional or agency staff and if the medical performers list is used, take steps to assure that the checks are adequate from other agencies such as NHS England.
- Ensure the system in place to ensure equipment is maintained and calibrated is effective.
- Ensure staff have access to all the policies and procedures as required.

The areas where the provider should make improvement are

- Emergency care practitioners should have Level 3 training in child safeguarding:
- Review local leadership arrangements to engage local staff.
- Review arrangements for briefing agency staff who work regularly at the service so staff are up to date with changes to policies and procedures and are aware of who the service leads are.
- Review how information is cascaded about lead roles e.g. infection control

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?

Requires improvement

The service is rated as requires improvement 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
- Lessons were shared to make sure action was taken to improve safety in the service.
- When things went wrong patients were informed in keeping with the Duty of Candour. They were given an explanation based on facts, an apology if appropriate and, wherever possible, a summary of learning from the event in the preferred method of communication by the patient. They were told about any actions to improve processes to prevent the same thing happening again.
- The out-of-hours service had clearly defined and embedded system and processes in place to keep patients safe and safeguarded from abuse. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out-of-hours. However not all agency staff were aware of who the service safeguarding and infection control leads were.
- When patients could not be contacted at the time of their home visit or if they did not attend for their appointment, there were processes in place to follow up patients who were potentially vulnerable.
- There were systems in place to support staff undertaking home visits. However the chaperone policy did not include the role of the driver and drivers were not always trained and aware of their role to chaperone patients especially on home visits.
- The arrangements for accessing controlled drugs from midnight to 7am was not adequate and the processes for checking stock medicines was not fully embedded.

Are services effective?

Good

The service is rated as good for providing effective services.

- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

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

Are services caring?

Good

The service is rated as good for providing caring services.

- Feedback from the large majority of patients through our comment cards and collected by the provider was very positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were kept informed with regard to their care and treatment throughout their visit to the out-of-hours service.

Are services responsive to people's needs?

Good

The service is rated as good for providing responsive services.

- Service staff reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- 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?

Requires improvement

The service is rated as requires improvement for being well-led.

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

Summary of findings

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. They were not always aware of responsibilities of other members of staff.
- 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.
- Staff told us the senior management team were approachable and always took the time to listen to all members of staff. However, some frontline staff felt disengaged from the headquarters and felt operationally Blackpool HQ was running many things which should have been locally led.
- Service specific policies were implemented and were available to all staff. However not all staff were briefed of updates and some staff told us they could not access the policies and procedures.

Summary of findings

What people who use the service say

We looked at various sources of feedback received from patients about the out-of-hours service they received. Patient feedback was obtained by the provider on an ongoing basis and included in their contract monitoring reports. Data from the provider for the period of October 2015 and September 2016 showed the provider received 211 responses.

The Out of Hours Service was performing well and patients were satisfied with the service, for example:

- The majority of people 87% (187 out of 211) said they thought the doctor or nurse was good or excellent.
- The majority of people 84% (178 out of 211) said they thought the amount of information the Doctor or Nurse gave them about their problem and its treatment was good or excellent.
- The majority of people 84% (177 out of 211) said they thought the environment was good or excellent.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Comments included praise for the understanding and the professionalism of the GPs and nursing staff as well as a helpful and polite service from the receptionists. Patients were satisfied with the availability and timeliness of the appointments.

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

Areas for improvement

Action the service MUST take to improve

- Ensure all those who act as chaperones are trained for the role and chaperone information is available to patients.
- Ensure stocks of medicines are regularly checked, appropriately disposed of and prescription pads are tracked through the service.
- Ensure the arrangements for accessing controlled drugs from midnight to 7am are appropriate and staff know how to access these. Ensure the stock lists for controlled drugs are updated so staff know which drugs are kept in each area.
- Review driver checks in place to ensure they are fit for their role.
- Review the process for DBS checks for sessional or agency staff and if the medical performers list is used, take steps to assure that the checks are adequate from other agencies such as NHS England.
- Ensure the system in place to ensure equipment is maintained and calibrated is effective.
- Ensure all staff have access to and receive updates on guidelines from NICE and other information to deliver care and treatment to meet patients' needs. Ensure staff have access to all the policies and procedures as required.

Action the service SHOULD take to improve

- Emergency care practitioners should have Level 3 training in child safeguarding:
- Review local leadership arrangements to engage local staff.
- Review arrangements for briefing agency staff who work regularly at the service so staff are up to date with changes to policies and procedures and are aware of who the service leads are.
- Review how information is cascaded about lead roles e.g. infection control

Urgent Care Centre (FCMS (NW) Limited)

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist adviser as well as a second CQC inspector.

Background to Urgent Care Centre (FCMS (NW) Limited)

The Urgent Care Centre (Doncaster Royal Infirmary, Doncaster, DN2 5LT) provides an out-of-hours (OOH) GP service to the area of Doncaster. The service is provided by FCMS (NW) Limited (Newfield House, Vicarage Lane, Blackpool, FY4 4EW).

The Urgent Care Centre is contracted by the local clinical commissioning group (CCG) to provide OOH primary medical services to registered patients and those requiring immediately necessary treatment in Doncaster and the surrounding area when GP practices are closed which includes overnight, during weekends, bank holidays and when GP practices are closed for training.

Most patients access the out-of-hours service by calling their own GP who divert them to the OOH service automatically. Patients may be seen by a clinician, receive a telephone consultation or a home visit, depending on their needs.

The service is open seven days a week (including bank holidays) from 6pm to 8am nightly and is also open from 6pm on Friday to 8am Monday. The average number of patients seen each week is 1,100.

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 registered 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 28 November 2016 and 1 December 2016. During our visit we:

- Spoke with other organisations such as commissioners to share what they knew about the performance and patient satisfaction of the out-of-hours service.
- Spoke with a range of staff employed including receptionists, drivers, clinical staff, managers and board members. We spoke with sessional GPs and clinical staff.
- Observed how patients were provided with care and talked with family members.
- Inspected the out of hours premises, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.

Detailed findings

- Looked at the vehicles used to take clinicians to consultations in patients' homes, and we reviewed the arrangements for the safe storage and management of medicines and emergency medical equipment.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a paper based and electronic system in place for reporting and recording significant events.

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the service. For example, the service had conducted a thorough investigation and analysis of all the occasions from April 2016 to November 2016 when there was no GP present in the urgent care centre. Following review of the incidents the actions identified included ensuring all staff were aware of the escalation process for staffing shortfalls and notifying senior managers as soon as a GP notified the team they were unable to attend. We saw this was shared with staff at meetings and one to one updates.

Overview of safety systems and processes

The service had 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 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, however not all staff were aware who the service safeguarding leads were. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and emergency care practitioners to level two.
- A summary of the chaperone policy was displayed in the waiting room and treatment rooms advising patients that chaperones were available if required. We saw evidence that staff who acted as chaperones 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, not all staff were trained for the role. Three drivers who transported staff on home visits had completed the training in October 2016 whilst others had not received any training. One driver told us they had acted as a chaperone whilst on a home visit. Staff we spoke with on the day were not sure of the process to follow if a patient requested a chaperone on a home visit. The policy for chaperones did not refer to drivers and their role.
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control lead, however not all staff were aware of who this was. There was an infection prevention and control protocol in place and staff had received up to date training. Weekly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance required review. For example annual calibration of equipment. We looked at two ear thermometers and found one was last calibrated in May 2015 (in the GP bag) and the other in October 2015 (in a treatment room). The vaccine fridge had an integral thermometer and there were no records of monthly calibration kept.
- The service employed a range of permanent and bank staff. Roles included advanced nurse practitioners, nurse

prescribers, emergency care practitioners, nurses, reception staff, call takers, drivers, health care assistants and managers. The service also employed locum and sessional GPs.

- We reviewed four permanent staff personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, appropriate indemnity and the appropriate checks through the Disclosure and Barring Service.
- We reviewed three sessional GP files. Details of inclusion on the performers list, General Medical Council, and indemnity arrangements were kept. Copies of DBS checks were also kept from their current or previous employers. We asked if there was a system to follow up DBS checks with current employers for sessional or agency staff and were told there was not one as they were on the medical performers list.

Medicines Management

- The arrangements for managing medicines at the service, including emergency medicines and vaccines, mostly kept patients safe (including obtaining, prescribing, recording, handling, security and disposal). However record keeping of medicines and checks of stocks required review.
- The service carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in accordance with best practice guidelines for safe prescribing.
- Blank prescription forms were securely stored and there were systems in place to monitor their use. Prescription pads were securely stored, however, there were no processes in place to track their use as per the NHS Protect Security of prescription guidance 2013.
- Patient Group Directions (PGDs) were used by the paramedics and nurses to supply or administer medicines without prescriptions. The PGDs in use had been ratified in accordance with the Medicines and Healthcare products Regulatory Agency guidance.
- We were told the service did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). However the stock list stated that a controlled drug was kept. We checked the cupboards and could not find this. The manager told us the list would be updated as they did not stock it.
- The arrangements for accessing controlled drugs from midnight to 7am required updating as it was not clear where prescribed medicines would be dispensed from. Staff told us the service had an agreement with the hospital pharmacy and medicines could be accessed within 30 minutes.
- Emergency medicines were checked daily, however there were no regular checks of other stock medicines, including those held at the service and also in the medicines bags for the out of hours service vehicles. The glucose strips for the blood sugar machine had expired in October 2016 in a GP visit bag.
- Arrangements were in place to ensure medicines and medical gas cylinders carried in the out of hours vehicles were stored appropriately.

Monitoring risks to patients

- 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.
- We saw that the service had a variety of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- There were systems in place to ensure the safety of the out of hours vehicles. We saw that checks were undertaken at the beginning and end of each shift by the nominated driver. These checks included checking the cars were mechanically safe and ensuring there was no damage. Staff checked and recorded the mileage, cleanliness and fuel level as well as emergency stocks such as torches and first aid boxes. Records were kept of servicing requirements. The provider had an additional vehicle ready for use in the event of another being out of service and multi-terrain vehicles available to cover rural areas.
- 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 which took into account experienced and non-experienced staff. 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 provider had recently reviewed staffing levels during periods of high patient demand as part of the business continuity plan to ensure they met patient need. This was monitored on an ongoing basis and staff skill mix and levels adjusted accordingly. Where there were anticipated and actual gaps, GPs were contacted and offered an enhanced pay rate to cover the shifts. Home based GPs were also able to securely log on to the patient system and triage calls when the demand increased. This was monitored on an ongoing basis and staffing was adjusted accordingly.

Arrangements to deal with emergencies and major incidents

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

- There was an effective system to alert staff to any emergency.
- 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 oxygen with adult and children's masks. The accident and emergency department was adjacent to the urgent care centre. A first aid kit and accident book were available.
- Emergency medicines were easily accessible and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- There were systems in place to keep all clinical staff up to date and evidence was provided that guidelines from NICE and other information to deliver care and treatment that met patients' needs was available. However, some staff told us they did not receive updates and relied on informal briefings from colleagues.

Management, monitoring and improving outcomes for people

From 1 January 2005, all providers of out-of-hours services have been required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to the clinical commissioning group on their performance against standards which includes audits, response times to phone calls, whether telephone and face to face assessments happened within the required timescales, seeking patient feedback and actions taken to improve quality.

We reviewed NQR standards data between October 2015 and August 2016 and found the following:

- NQR12 – Face-to-face consultations (whether in a centre or in the person's place of residence) must be started within 1 hour for an emergency, consulted or visited within 2 hours if urgent and consulted or visited within 6 hours if less urgent. Data showed that:
- 100% of emergency calls received a face to face consultation within one hour.
- 100% of urgent calls received a face to face consultation within two hours.
- 99% of less urgent calls received a face to face consultation within six hours.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits completed in the last two years. Five of these were completed audits where the improvements made were implemented and monitored.
- The service participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the service to improve services.

Effective staffing

The provider took over the service in October 2015. All staff had completed a knowledge skills assessment for their role to identify areas of development. Sessional and agency staff were offered access to training for a nominal fee.

- The service had an induction programme for all newly appointed staff including locum 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 they were offered support during their induction period and regular meetings with their manager took place.
- The service could demonstrate how they ensured role-specific training and updates for relevant staff. For example, training for telephone consultations included theory and practical training. Advanced Nurse Practitioners (ANP) who undertook this role were signed off as competent and had received appropriate training in clinical assessment. All new health care assistants were also required to undertake the new Care Certificate introduced nationally to equip them with the skills and knowledge for the role. There wasevidence that health care assistants had undertaken specific training for each aspect of their role and had been assessed as competent. However, the drivers we spoke with had not received any specific training nor had they been monitored to ensure they were driving to a safe standard. There was a system in place to check the driving licences annually to ensure there were no driving convictions. Health checks, such as regular eyesight tests, were not in place.
- The learning needs of permanent staff were identified through a system of appraisals, meetings and reviews of service development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring,

Good

Are services effective?

(for example, treatment is effective)

and clinical supervision. Staff who were due an appraisal within the last 12 months had received one and those who were employed less than 12 months had them scheduled.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Staff involved in handling medicines received training appropriate to their role.

Coordinating patient care and information sharing

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

- This included access to required special notes and summary care record which detailed information provided by the patient's own GP. This helped the staff in understanding the patient's needs. Staff we spoke with found the systems for recording information easy to use and had received appropriate training. Clinical staff undertaking home visits also had access to mobile information technology equipment so relevant information could be shared with them whilst working remotely. Staff told us they felt that the equipment they used was effective.
- The service shared relevant information with other services in a timely way, for example when referring patients to other services.
- Patients who could be more appropriately seen by their own 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.

The service worked with other service providers to meet patients' needs and manage patients with complex needs. It sent out-of-hours notes to the registered GP electronically by 8am the next morning in line with the National Quality Requirements (NQR) for GP out-of-hours Services. Staff told us systems ensured this was done automatically and any failed transfers of information were the responsibility of the duty manager to follow up to ensure GPs received information about their patients.

Consent to care and treatment

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

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Comments included praise for the understanding and the professionalism of the GPs and nursing staff as well as a helpful and polite service from the receptionists. Patients were satisfied with the availability and timeliness of the appointments.

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

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

The provider had completed site specific patient experience surveys between October 2015 and September 2016 and received 211 responses.

Patients were satisfied with the service, for example:

- The majority of people 87% (187 out of 211) said they thought the doctor or nurse was good or excellent.
- The majority of people 84% (178 out of 211) said they thought the amount of information the Doctor or Nurse gave them about their problem and its treatment was good or excellent.
- The majority of people 84% (177 out of 211) said they thought the environment was good or excellent.
- 179 patients out of 211 (85%) said they would use the service again.

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.

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 easy read format.
- Facilities for people with hearing impairment e.g. hearing aid loop.
- A system of 'comfort calling' patients was in place to ensure patient welfare if the GP was going to be delayed for a home visit.

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. We saw areas of improvement identified in an action plan created in conjunction with the CCG.

The provider engaged with the NHS England Area Team and the local Clinical Commissioning Groups (CCG) to provide the services that met the identified needs of the local population of Doncaster and Bassetlaw.

- The GP OOH service provided triage and advice to patients via a direct, non-premium rate telephone line.
- Triage and advice to patients via the patient's own GP practice telephone systems that automatically transferred patients to the service.
- Patients were provided with booked appointments following telephone triage and advice as appropriate.
- Home visits were available for patients whose clinical needs resulted in difficulty attending the service.
- The provider supported other services at times of increased pressure to ensure that patients were cared for in their own home as appropriate for example, providing end of life care and supporting those in mental health crises.
- There were accessible facilities, a hearing loop and interpretation services available.

Access to the service

The Doncaster Urgent Care Centre (UCC) out-of-hours service utilised a multidisciplinary team of staff including GPs, nurse practitioners, advanced nurse practitioners, nurses, emergency care practitioners and health care assistants. The service provided cover for the Doncaster General Practices from Monday to Friday between 6pm and 8am and weekends from Friday at 6pm to Monday at 8am. The service also covered bank holidays.

Patients could access the service via NHS 111. The service was co-located next to the accident and emergency department in the local hospital and did not see 'walk in' patients. Staff told us that if patients came directly they were told to ring NHS 111, unless they needed emergency care in which case they would be stabilised before referring on or went to the accident and emergency department. There were arrangements in place for people at the end of their life so they could contact the service directly.

Feedback received from patients from the CQC comment cards and from the National Quality Requirements scores indicated that in most cases patients were seen in a timely way.

The provider had completed site specific patient experience surveys between October 2015 and September 2016 and received 211 responses.

Patients were satisfied with the service, for example:

- The majority of people 86% (182 out of 211) said they thought the speed in which they were dealt with was good or excellent.
- The majority of people 87% (184 out of 211) said they thought the service received overall was good or excellent.

The service had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. This was based on a telephone triage with the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need.

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 for GPs in England and the NQR standard.
- 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. During the inspection we saw a specific complaints information form on display in the centre. Staff we spoke with were fully aware of the complaints process and how to explain this to patients. Information about how to make a complaint was detailed in full on the services website.

We reviewed 27 complaints received between October 2015 and September 2016. Twenty of these were not upheld (74.1%) and six were partially upheld (22.2%) whilst there

Good

Are services responsive to people's needs?

(for example, to feedback?)

was no decision on one complaint at the time of inspection. In addition the provider also provided a log of the comments that had been left by patients in April, May and June 2016. In April 2016 there were no negative comments left by patients. In May 2016 there was a negative comment left about the response time by the out-of-hours service. In June 2016 there were two negative comments, one about feeling worse after receiving the service, and another a complaint about administering medicine.

We looked in detail at four complaints received in the last 12 months and found they were all handled appropriately, in line with the service complaints procedure and complaints analysed to detect any themes. We noted that the responses were offered an apology, were empathetic to the patients and explanations were clear.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

FCMS was an independent provider with unscheduled care at the heart of the organisation. The aims and objectives were "to provide two core regulated activities; transport services, triage and medical advice provided remotely, and treatment of disease and disorder". The provider's senior management team were based in Blackpool and staff told us they visited the service regularly.

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

- The provider, along with their staff, had developed a set of organisational values.
- The service had a robust strategy and supporting business plans that reflected the vision and values and were regularly monitored.

Governance arrangements

The service had an overarching governance framework which outlined the structures and procedures in place.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. They were not always aware of responsibilities of other members of staff.
- Service specific policies were implemented and were available to all staff. However not all staff were briefed of updates and some staff told us they could not access the policies and procedures.
- The provider had a good understanding of their performance against National Quality Requirements. These were discussed at senior management and board level. Performance was shared with staff and the local clinical commissioning group as part of contract monitoring arrangements.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Arrangements were in place for identifying, recording and managing risks, issues and implementing mitigating actions. However, these were not always followed, for example, we found the system in place to ensure equipment is maintained and calibrated was not always effective.

Leadership and culture

The senior management team told us they prioritised safe, high quality and compassionate care. Staff told us the senior management team were approachable and always took the time to listen to all members of staff. However, some frontline staff felt disengaged from the headquarters and felt operationally Blackpool HQ was running many things which should have been locally led.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The service had systems in place to ensure that when things went wrong with care and treatment:

- The service gave affected people an explanation based on facts and an apology where appropriate, in compliance with the NHS England guidance on handling complaints.
- The service kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- 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.
- The provider had gathered feedback from staff through staff meetings, staff surveys, appraisals and discussion.

Are services well-led?

Requires improvement

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

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the service was run.

- One staff survey asked "How happy are you at work?" and responses from May 2016 to September 2016 showed staff were mostly either "happy" or "Extremely happy".
- The service had a whistleblowing policy which included external contacts details and how to access independent advice. Whistleblowing is the act of reporting concerns about malpractice, wrong doing or fraud. Within the health and social care sector, these issues have the potential to undermine public confidence in these vital services and threaten patient safety.
- Staff told us that patient engagement was difficult as the service provided single episodes of care.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. The service team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The telephone system had been reviewed and the new system was ready to launch. This would allow 'warm transfers' (a direct transfer) from the NHS 111 service and more detailed performance reporting and monitoring including audio audits.
- The provider was in the process of implementing a web-based risk management database to record all risk management activity, including incidents, complaints and queries. This would also allow the service to record and search data by severity and category.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found the registered provider was failing to ensure the safety of patients by not ensuring all those who act as chaperones were trained for the role and not ensuring safe systems for medications and prescription pads. The provider was failing to take steps to assure themselves that clinicians have had DBS checks. This was in breach of Regulation 12.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found the registered provider was failing to ensure systems were monitored effectively such as the systems for calibrating equipment and ensuring all staff could access the relevant guidelines. Some staff were not always aware of which information was available and the systems for cascading information to all staff were not working. This was in breach of Regulation 17.