

Royal Lancaster Infirmary

Quality Report

Royal Lancaster Infirmary
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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?

Requires improvement



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 inspected Royal Lancaster Infirmary Bay Urgent Care on the 28 October 2014.

We inspected this service as part of our new focused, comprehensive, inspection programme. This service location had not been inspected before. We looked at how well they provided services and found the overall rating for this service was good.

Our key findings were as follows:

- We found there were comprehensive governance and risk management policies, procedures and measures in place.
- Patients told us they were treated promptly, could make appointments with ease following a telephone consultation, they were involved in care and treatment decisions and that all staff treated them with dignity and respect.
- The service took time to listen to the views of their patients and produced a monthly patient satisfaction report, collating views from patients who had used the service. Where actions were required these were implemented and used to improve the service.

- The service was working with a local hospice to provide care during out of hours periods and participated in the 'Better care together' agenda with the local Clinical Commissioning Group.

- The service supported the implementation and roll out of a Prime Minister's Challenge Fund Pilot entitled Opening Doors – Aligning and Integrating Health and Care Services in Morecambe (Lancashire). Five practices in Morecambe offer an 8am to 8pm seven days a week service for 61,000 patients.

- The service provided staff with opportunities to express their views and set up the staff Morale -0 -meter surveys.

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

In addition the provider should:

- The provider had not ensured the serial numbers of all prescription pads both hand written and electronic, at the Royal Lancaster Infirmary location were recorded.
- Staff were overdue their annual appraisals.

Professor Steve Field CBE FRCP FFPH FRCGP

Summary of findings

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 requires improvement for providing safe services as there were areas where it should make improvements.

Some improvements were needed in the management of prescription serial numbers.

There were systems in place to ensure that staff seeking to work at the Royal Lancaster Infirmary Bay Urgent Care (RLI BUC) were appropriately recruited and checks undertaken to ensure their suitability to work with potentially vulnerable people.

Some improvements were needed in access to personal protective equipment. There were no measures in place to ensure the reception area was supervised should the receptionist be required to be a patient chaperone. There were informal rather than formal agreements in place regarding the use of the accident and emergency defibrillator and in accessing a child pulse oximeter probe.

Audits had been undertaken to assess the clinical skills of GPs and nursing staff for triage, clinical skills and continuing clinical audit to ensure their effectiveness and help maintain patient safety. There were clear procedures and policies that staff were aware of to enable them to recognise and act upon any serious events or incidents and any learning was shared with staff. Vehicles used to take GPs to patients' homes for consultation were well maintained, cleaned and contained appropriate emergency medical equipment.

Requires improvement



Are services effective?

The service is rated as good.

We found the service was providing effective care to a wide range of patient groups with differing levels of need often with limited information available to clinicians. The clinical triage process allowed GPs and nurses to ensure the most effective and appropriate service was offered and delivered to the patient in a timely manner. Clinical staff were able to prioritise patients and make the best use of resources.

Reception staff took steps to ensure, should a patient's condition deteriorate, an earlier intervention by a clinical staff.

There was an effective system in place to ensure information about patients was shared with the patient's own GP at the earliest opportunity. There was good collaborative working between the

Good



Summary of findings

service and other healthcare and social care agencies to help ensure patients received the best outcomes in the shortest possible time. The service provided support to local nursing homes and a local hospice.

Are services caring?

The service is rated as good.

We spoke with six patients who had accessed the service via the telephone triage system and they informed us they felt positive about their experience and the treatment received with the service. Patients found the staff friendly, and caring. Patients said the service responded to their needs with timely access to appointments, information, support and treatment. The 29 CQC comment cards informed us that patients valued the service and found it met their treatment and care needs.

We observed good interaction and rapport between patients and staff. We noted staff treated patients with respect and kindness and protected their dignity and confidentiality.

Good



Are services responsive to people's needs?

The service is rated as good.

A complaints system was in place accessible to all and we saw that any learning from complaints was shared with staff to improve the service provided.

The service completed regular and continual engagement with patients to gather feedback on the quality of the service provided.

There were systems in place to ensure information about patients was shared with the patient's own GP at the earliest opportunity. This was regularly audited and fed back to the Clinical Commissioning Group on a monthly basis.

GPs could provide a consultation in patients' homes, where assessed as appropriate to do so the service vehicles were operational from Bay Urgent Cares', other registered location.

The service had access to a translator service, type talk facilities for patients with hearing concerns, and literature available in braille. The service was located within a hospital setting and had disabled access and facilities available for patient use.

Good



Are services well-led?

The service is rated as good.

Good



Summary of findings

There was rigorous monitoring of clinical and non-clinical performance to ensure patients received safe and effective care. We saw evidence of robust audit processes.

The service used special notes for in-hours GPs to alert out of hours GPs and staff to any issue of risk regarding their patients. However this remained dependant on the in hours GP maintaining this information but was seen as good practice. Out of hours GPs could also flag any appropriate risk for the patient's own GP to follow up on.

There was an effective system in place to ensure information about patients was shared with the patient's own GP at the earliest opportunity.

The service undertook continual engagement with patients to gather feedback on the quality of the service and provided service delivery reports to staff and the Clinical Commissioning Group on a monthly basis.

We found the provider had an effective system to ensure that, where needed, clinicians could provide a consultation in patients' homes. The senior management team at Bay Urgent Care met with representatives of the Clinical Commissioning Group (CCG) regularly to discuss performance and capacity.

Summary of findings

What people who use the service say

We spoke with six patients who had accessed the service via the telephone triage system and we received 29 CQC comment cards in respect of the Royal Lancaster Infirmary Bay Urgent Care (RLI BUC) service.

Patients were very complimentary about the care and treatment provided. Patients' comments related to the ease of access to the service. Positive comments included timely appointment access, support during consultation, the friendliness of all the staff and the professionalism of the doctors and nurses. We also spoke with the NHS Lancashire North Clinical Commissioning Group and NHS England about this service. No concerns were raised about the service to the Care Quality Commission. One patient saw a nurse but had expected to see a GP and felt the service could make a slight improvement by making this clearer when appointments are made.

Patients told us the telephone triage system with BUC was very supportive, and they were given appropriate information if the condition worsened to allow them to decide if they needed to contact the service again.

BUC conducted a patient questionnaire between the period of 05 October and 15 October 2014; this was not separated into their two registered locations of RLI and the Queen Victoria Centre (QVC). It was therefore not possible to report on the sole findings from RLI BUC. Every patient was given a questionnaire at reception when they booked in and asked to hand back to reception before they left. 133 patients presented throughout this period and 32 handed back the questionnaire. 97% of those who replied found the service provided to be extremely good. 41% said they had been in contact with the service as they were unable to get an appointment with their own GP, 34% said they were too unwell to wait for their own GP Practice to open, and 9% of patients were directed to the service by Accident and Emergency. All of the patients that answered the questionnaire confirmed that a full explanation of their treatment was given to them by the clinician. Patients did not think the service could improve their experience which was further evidenced by the majority of the patients we spoke with during the inspection.

Areas for improvement

Action the service **SHOULD** take to improve

The provider had not ensured the serial numbers of all prescription pads both hand written and electronic, at the Royal Lancaster Infirmary location were recorded.

Staff were overdue their annual appraisals.

Royal Lancaster Infirmary

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP and specialist advisor.

Background to Royal Lancaster Infirmary

North Lancashire Doctors Limited is also known as Bay Urgent Care (BUC). BUC is registered to provide regulated activities from two locations based within the Lancashire local authority area, the Royal Lancaster Infirmary (RLI) and the Queen Victoria Centre (QVC). It provides Out of Hours (OOH) urgent care to temporary or permanent residents of Lancaster, Morecambe, Carnforth and the surrounding area. They provide care to approximately 140,000 patients per year.

43% of BUC OOH's patients are from five GP practices in Morecambe. A population of 1,171,339 is recorded in the 2011 Census for Lancashire, with 97.1 % registered with a GP. There is a higher proportion of people aged 50 years and older and a lower proportion of 20-39 year old people living in Lancashire in comparison to the national average. 7.7% of people living in Lancashire are from ethnic minorities.

Calls to the service are handled by Fylde Coast Medical Services (FCMS) via the 111 telephone service that uses the NHS pathways assessment tool. It uses NHS pathways to support decision making for assessing patients, with clinical decisions centred on evidence based knowledge and clinical guidelines for best practice. BUC operates a triage model where all patients have clinical telephone

assessments. This prevents unnecessary journeys for patients and enables appropriate coordination of home visits and appointments according to clinical urgency and demand.

GPs from local practices provide the service and respond in the same way as requests for home visits during normal daytime surgery hours. Patients can be seen in person by attending one of the services two locations.

Staffs are employed to work for North Lancashire Doctors Limited and can work from either of the two registered locations. Registered nurses work a variety of hours at the RLI BUC many having set working days and some flexibility to offer additional hours when required. The GP clinical hours required to cover RLI BUC equate to 41 hours per week. The clinical team consisted of both male and female GPs from the local community. The team are supported by an administration / call handling team, receptionists, drivers and a management team who are responsible for the day to day running of the service. There is a stable clinical staff team who work for BUC regularly. The majority of the BUC OOH GPs are GP trainers.

The RLI BUC location is open from 7pm to 10pm for patient appointments each weekday evening and from 9am to 9pm on Saturday and Sunday. However, access to the BUC OOH service is available to all patients from 6.30pm to 8am Monday to Thursday and 24 hrs Saturday, Sunday and Bank Holidays from their other registered location. During weekday day time hours the RLI BUC location operates as a hospital outpatient department. In the OOH period RLI BUC is staffed by a receptionist and either an Advanced Nurse Practitioner or a GP.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

How we carried out this inspection

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?

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew.

We carried out an announced visit on 28 October 2014. During our visit we spoke with a range of staff which included; receptionist, drivers, nurses, GP and registered manager and spoke with six patients who used the service.

We reviewed 29 CQC comment cards where patients and members of the public shared their views and experiences of the service and spoke with six patients.

Are services safe?

Our findings

Safe track record

There were comprehensive policies and protocols in place both electronically and in hard copy for staff to follow. The Registered Manager (RM) informed us that all incidents, accidents and reportable concerns were input onto their electronic system for investigation, and any subsequent actions and improvements were cascaded to staff.

We found that GPs and nurses were aware of the latest best practice guidelines and incorporated this into their day-to-day practices. The service had systems in place to monitor all aspects of patient safety. For example there were systems in place for staff to access information regarding any safety alerts, such as medical devices. Staff told us they could access any GP in the service for support if they required it.

Clinical staff such as GPs and Nurses had peer reviews to ensure assessment; treatment and management of patients were in line with best practice and national guidance. They aimed to do this monthly and the results were forwarded to the RM for information and any resultant actions provided on a clinician to clinician basis. The RM advised us they would query these only if the results were consistently poor and improvements or personal development such as training would be put in place. The service used technology such as telephone call recording and electronic systems for documentation to ensure patient consultations and records were appropriately maintained, safely recorded and could be audited and reported on in a timely manner.

The service demonstrated awareness that improvement was needed in some of the staff support processes such as appraisals which were overdue. The RM informed us this had been for a number of reasons, new system and documentation and three service manager changes over an approximate 12 month period.

Learning and improvement from safety incidents

We found that not all staff had awareness of the reporting avenues for incidents or accidents such as a patient trip or fall. Some staff did not have access to their 'SharePoint' system but informed us this had been reported and was in hand. Systems were in place to investigate and learn from incidents that occurred within the Bay Urgent Care (BUC) service but were not separated into their two registered

locations. We saw an incident log was maintained which included both clinical and non-clinical events. These were categorised, impact rated and risk rated such as low, medium and high, with the actual severity and potential severity assessed. There were 26 incidents reported for the period of October 2013 to October 2014. Four incidents were noted as 'keep under review' and six open cases noted as under investigation.

The practice had a system in place for reporting, recording and monitoring significant events. The RM forwarded information to the Care Quality Commission (CQC) which suggested there had been no reported significant events over the last 12 months. We discussed this with the GP and RM and saw the service managers and clinical governance team kept this topic on their monthly meeting agendas and staff was aware of what should be reported to CQC.

We asked for examples of the shared learning that had taken place from events and were forwarded further information by the service's National Primary and Urgent Care Lead GP. They had reviewed cases of testicular torsion; as this appears with greater frequency within providers of unscheduled care because it is relatively sudden and has severe presenting symptoms. They had looked at a total of four incidents over a three year period across all of their services. Following literature searches and investigation they produced a Clinical Practice Update entitled 'The Painful Testicle' and the actions and shared learning was agreed and disseminated at the Primary Care Clinical Leads national meeting.

Following two incidents, they had also started a piece of work that looked at septicaemia identification, and have been working with the Sepsis Trust to utilise their tool kits and raise awareness within all their services. We were informed this would be the focus of their November Clinical Leads meeting.

They were supporting the primary care services with Ebola preparation protocols at a national level. This piece of work was being done by a national team and their National Primary Care Clinical Lead in conjunction with the Royal College of General Practitioners (RCGP).

Reliable safety systems and processes including safeguarding

The service had systems in place to safeguard patients at risk of harm. Any concerns regarding the safeguarding of patients were passed on to the relevant authorities by staff

Are services safe?

as quickly as possible. All staff we spoke with were aware of the safeguarding process and policy and there was information in hard copy also available to assist staff in this process.

GPs and nurses received training in safeguarding adults and children to the most appropriate level, level 3 on a three yearly basis. We saw from the training planner all clinical staff had either completed this training or were due to complete the training by either 31 October or 30 November 2014. Non clinical staff received level 1 training on a 3 yearly basis.

Staff we spoke with demonstrated an understanding of safeguarding patients from abuse and the actions to take should they suspect anyone was at risk of harm. The service had the local authority safeguarding adult and children policies available to staff and had systems in place to safeguard patients at risk of harm.

There was information regarding chaperones available for patients. Staff who carried out this role had undertaken appropriate training, however the training planner recorded that all non-clinical staff were overdue this training. The registered manager informed us the planner would be appropriately updated with the dates in which the training took place.

We saw a 'flagging' system could be used by in-hours GPs to alert out-of-hours GPs and staff if there was an issue (safeguarding/ risk) concerning a particular patient. This demonstrated a commitment to ensuring patients safety by effective communication between GP services. Bay Urgent Care allowed clinicians in their own practice to log onto the out of hours service system to update patient special notes or add / attach any alerts their patients' notes. Access to the system was only allowed with a valid user name and password. Surgeries who did not use this system could fax patient special notes to a safe haven fax. The service conducted regular reports for any expired special notes; these were then sent out to the respective practice for updating or removal.

Medicines management

Security measures were in place for medicines within the service. Keys or access rights for the rooms were controlled and only authorised staff were allowed access. The service had in general well stocked medicine and equipment bags

ready for GPs to use on home visits or in the event of an emergency. These bags followed the National Formulary for OOH's services in their content and were stored in lockable metal cases.

Vehicles used to take GPs to patients' homes for consultation visits were based at their other registered location only. They could however attend the Royal Lancaster Infirmary (RLI) BUC on GP request. For example we found that a medicine had not been replaced and this was immediately sourced from their other location and safely transported to the RLI. We saw evidence that the vehicles were in good condition and were regularly maintained. We also saw that the vehicle contained leaflets and literature to support patients and families who were recently bereaved. We spoke with drivers and they demonstrated their awareness of the importance of the checking and audit systems in place which they rigorously completed.

The contents of the medicine bags were checked in accordance with the services local policy. There were effective formal records of this on-going checking and when we inspected the contents of one of the bags we found the medicines to be in date.

We were informed that a checklist of each medicine in the emergency drugs box and its expiry date and staff signature was completed and stored electronically. Unfortunately on the day of the inspection there was an IT issue and this could not be viewed.

We looked at the storage of medication for use on home visits in one of the service cars. We found there were safe arrangements in place including checks to ensure that the car was fully equipped and ready for use when BUC was operational.

Clear records were kept whenever any medicines were used both within the service and on home visits. These were recorded in the patients' record for future reference.

We checked the security and safe storage of prescription pads. We saw that the prescription pads could be locked in a cupboard with access restricted to authorised staff. We found that there was no on-going monitoring of prescription pads that were taken for use by the GPs, or nurses at the RLI location, either hand written or electronic. In order to minimise the risk of misappropriation of these prescription pads we highlighted to the RM the recent guidance from NHS Protect security and safety of these

Are services safe?

forms. This guidance included recording the first and last serial numbers of the pads when they are issued to the GP and having the GP sign for the receipt of the pad. The RM showed us their prescription security policy and forms which were fit for purpose but had not been used. The RM assured us this policy and process would be reiterated to all staff to ensure that it was followed.

We saw that a medicines audit had been completed by the service and areas had been identified to action which were risk rated and prioritised. We were informed by the RM the newly appointed service manager would follow up on any local actions required with staff and once implemented this is fed back organisationally as actioned.

Cleanliness and infection control

We were shown the infection prevention and control policy (IPC) for the service which had an identified IPC lead person. We were told staff had training in IPC to ensure they were up to date in all relevant areas. When we reviewed the training planner we found that this training was overdue for some staff. The registered manager was aware and advised that plans were in place to address staff training updates.

Gloves were available in all treatment areas as were hand washing facilities and hand sanitizer. We spoke with staff regarding the use of aprons and were advised that should they be required the staff would speak with the accident and emergency department of RLI. We spoke with the RM who informed us they would act to ensure that aprons were readily available for their staff to use.

All treatment areas had hard floor covering and this was appropriately sealed to reflect IPC guidance.

The service had access to spillage kits to enable staff to appropriately and effectively deal with any spillage of body fluids.

Sharps bins were appropriately located and labelled within the service. Staff were aware of what to do should they sustain a needle stick injury.

Equipment

Emergency equipment including oxygen was readily available for use in a medical emergency both on site and within the GPs home visit car.

We saw that staff had access to adult pulse oximeters which had been calibrated in September 2014 but had no child probes. The staff informed us they would access this if required via the accident and emergency department.

Informal arrangements rather than formalised agreements were in place regarding the checking and use of the accident and emergency defibrillator and shared arrangements in the event of an emergency. We discussed this with staff and the RM. They had what was described as an excellent working relationship with the hospital accident and emergency department. Following the inspection the RM informed the Care Quality Commission that a mutual understanding existed between RLI BUC, accident and emergency and the orthopaedic fracture clinic for the use of the defibrillator and resus equipment. The RM advised they were awaiting confirmation of availability to arrange a meeting to formalise these arrangements into a service level agreement. The RM informed us that both hospital departments had verbally confirmed that they took responsibility for the checking of this equipment on at least a daily basis. It was important to establish who was responsible for the checks in place and what records were held.

We saw that North Lancashire Doctors Limited BUC had a licence to occupy part of the outpatient department at the RLI which included licensee obligations not to introduce portable electrical appliance unless this equipment had been appropriately tested, subject to routine testing and maintenance such as portable appliance tests (PAT) with the NHS hospital.

Staffing and recruitment

We found the service had systems in place to check staff seeking to work at Bay Urgent Care were appropriately recruited and vetted to ensure their suitability to work with potentially vulnerable patients. GPs, nursing staff, drivers and other staff employed were all subject to an induction. Nurses were supported in their assessments for triage until confident and maintained their clinical skills. Where staff had difficulty in reaching the required standard additional help and time was allowed for them to attain the level required. All clinical staff were subject to continuing clinical audit to ensure their effectiveness and help maintain patient safety.

GPs were in general recruited from the local area and thorough checks were undertaken to ensure their fitness to practice for example General Medical Council registration, insurance for out-of-hours (OOH) and inclusion on the GP performers list. Suitable and verifiable references were sought. Trainee GPs were supervised and supported at all times within the service by mentors and other GPs working

Are services safe?

alongside them. We were satisfied that Disclosure and Barring Service (DBS) criminal record checks had been carried out appropriately to ensure patients were protected from the risk of unsuitable staff. The service had a formal process for the rechecking of DBS every three years and this was recorded electronically.

Access to personnel records was restricted to authorised staff and accessible at BUCs other registered location. Staff recruitment files were held locally on their electronic system with paper records held at their headquarters. We reviewed four electronic staff files. It was difficult from the files reviewed to ascertain the date the staff members commenced employment. These dates were forwarded to the Care Quality Commission following the inspection. We found, other than one employee whose interview notes could not be located on the day of the inspection, the records were well maintained and contained all relevant recruitment details.

The RM advised us all nursing staff were directly employed by the service some as bank staff and they did not use a locum nursing agency to cover shifts. We were advised the GPs working within the out-of-hours service were mainly GPs from around the local area. This meant patients would be seen by experienced GPs who were familiar with the local health and social care service should they need to refer patients promptly to other services.

Where relevant, the service also made checks the member of staff had adequate and appropriate indemnity insurance was a member of their professional body and on the GP performer's list. This helped ensure that new staff met the requirements to work within the out-of-hours area.

Monitoring safety and responding to risk

The service had clear lines of accountability for all aspects of patient care and treatment.

Regional clinical governance meetings took place at least every two months and we saw a selection of minutes from these meetings. For example it was noted the service had monitored the progress of the Regional Clinical Quality Strategy including their Nursing Strategy which had been under development. We saw that the service had completed a Resuscitation Audit tool to which a report was being compiled as well as a safeguarding and medicines audit. We saw that any resultant action plans from the audits were cascaded to the Regional Operations Managers and then to Service Managers and their staff teams.

We found the service ensured that the clinical staff received annual cardiopulmonary resuscitation (CPR) training and training associated with the treatment of anaphylaxis. They maintained an up to date risk register which was discussed and updated on a monthly basis to ensure all risks were appropriately assessed and addressed.

We saw accurate records regarding treatment and prescribed medication were maintained when patients used the service. These records were electronic and sent directly to the patient's electronic record held at their own doctor's surgery. This meant that information was available the next working day for the patient's own doctor to review. This demonstrated safe continuity of patient care.

The service had arrangements for reporting significant incidents that occurred. A significant events reporting policy was available for staff so they knew how to report incidents for investigation. We found however not all staff had awareness of where the policy was located. The GP informed us that GP to GP peer discussions took place regarding any incident or event so any identified risk could be investigated, actioned and risk mitigated where able to do so, and that staff learning from events took place.

The service worked closely with NHS Lancashire North Clinical Commissioning Group and submitted to them a Service Delivery Report. This report however was based on both registered locations RLI and QVC combined and presented as the whole OOH service, Bay Urgent Care. We saw for example that patients directed to emergency services after speaking or being seen by a clinician was 4.2% according to their Annual Service Delivery report, April 2013 to March 2014. In the month of July 2014 this had dropped and was 3.9%. We saw that their Annual Service Delivery report found 99.48% of patient contacts were delivered within agreed time frames. During home visits an average of 99.85% of patient contacts were within agreed time frames.

Arrangements to deal with emergencies and major incidents

The reception and consulting rooms based at RLI BUC were well maintained, clean and contained appropriate emergency medical equipment such as oxygen and emergency drugs. There were informal mutual agreement arrangements in place between the OOH service and RLI accident and emergency department in respect of the use

Are services safe?

of accident and emergencies defibrillator and child pulse oximeter probe. As RLI BUC was based within a local NHS hospital site they accessed the hospital emergency response system in emergency situations.

There were arrangements in place to deal with foreseeable emergencies. Basic life support awareness was part of the mandatory training all staff were required to undertake. Staff we spoke with were aware of the emergency equipment available.

We were informed all emergency equipment was routinely checked and formally recorded however this was not accessible to view on their electronic system on the day of

the inspection. The RM informed us that accident and emergency staff were responsible for the defibrillator and child oximeter probe checks but assured us this process would be formalised.

The service had a business continuity plan in place to deal with emergencies that might interrupt the smooth running of the service, such as power cuts, telephone issues and adverse weather conditions.

Staff knew what to do in event of an emergency evacuation. The receptionist acted as the fire marshall and there was a nominated staff member who was responsible for health and safety.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We found effective care was provided to a wide range of patient groups with differing levels of need, often with limited information available to clinicians. Clinicians were able to prioritise patients and make the best use of resources.

GPs were aware of how to locate best practice guidelines and they were able to describe how they incorporated NICE guidance into their day-to-day practice.

The registered manager informed us they were commencing a new pilot working with North West Ambulance Service (NWS) as of 01 November 2014 to reduce emergency department admissions when appropriate to do so.

Management, monitoring and improving outcomes for people

We saw there was a robust audit process of clinical and non-clinical practice on-going throughout the year. We found the service used the Royal College of General Practitioners (RCGP) audit tools to assist them in their robust audit management. Audits of medical records, medicine management, patient experience, call handling and response times are examples of areas audited. These audits were reported upon at the clinical governance meeting and any action identified was acted upon. All audit results were discussed with the staff members involved and recorded in their personal files. The service had a system in place for completing clinical audit cycles. Examples of clinical audits included antibiotic prescribing between 17 and 23 March 2014. There were 263 prescriptions issued for antibiotics audited against all permanent staff and agency Nurse Practitioners and there were no concerns identified.

National Quality Requirements (NQR's) for out-of-hours services capture data and provide a measure to demonstrate that the service is safe, clinically effective and responsive. The service was required to report on these regularly. We saw evidence that Bay Urgent Care (BUC) had been fully compliant with all of the applicable NQR's as demonstrated in their 2013 to 2014 annual service delivery report to the Clinical Commissioning Group (CCG).

Effective staffing

The service had systems in place to ensure staffing levels were adequate to meet patient's needs. This included

forward planning for known absences and contingency plans for any staff shortfalls. They performed a capacity planning exercise prior to each holiday period, a 5% increase to the call volume was assumed and the rota staffed accordingly, adding in extra surgery / visit sessions or triage sessions during the peak times. If a sudden increase in call volume arose GPs were contacted to request they attend earlier or stay later on their shift. They could also call upon other GPs to assist at peak times.

Another solution was to utilise the mobile electronic tablet system for triage purposes. This could be delivered to a GP at home who would be able to triage using the BUC mobile phone which utilises a voice recording mechanism. GPs could with this tablet access all the patient calls and triage them appropriately. The GP could then dispatch either for an appointment, a home visit or discharge them following the advice given.

Clinical staff we spoke with described staffing levels at the service as good. The registered manager advised us staffing levels were determined by previous trends but there were escalation procedures available during periods of unexpected high demand. This involved bringing in extra staff to support the increased numbers of patients presenting at the service.

Processes were in place to monitor and support staff performance within the service. We discussed with the RM that the reception area would potentially be left unsupervised, as there were no measures in place should a receptionist be required to be a chaperone after the patient's initial telephone consultation. The RM assured us that this had not been an issue to date, however they would look at ways to reduce any potential risk. There were no staff capacity issues raised by staff.

All GPs took part in the NHS revalidation process. Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise. Revalidation aims to give extra confidence to patients that their doctor is being regularly checked by their employer and the General Medical Council (GMC). GPs signed a staff training declaration regarding the completion of their mandatory training requirements.

Are services effective?

(for example, treatment is effective)

The registered manager evidenced that the nurses maintained their registration with the Nursing and Midwifery Council (NMC) and by doing so assured the NMC that sufficient training had been completed to maintain this registration.

Staff knew what to do in event of an emergency evacuation, however we found disparity in the training planner as non-clinical staff maintained their fire, health and safety and manual handling mandatory training updates and the majority of the clinical staff had not. For example 27 of the 33 clinical staff on the training planner had not completed their two yearly fire awareness training. We discussed this with the registered manager who informed us that this training was booked for 30 November 2014.

Some staff training was overdue and the registered manager informed us of the dates by which staff were to complete specific training such as fire safety and infection control updates. We saw that staff had not completed Mental Capacity Act (MCA) 2005 training and that only 11 staff had completed their 3 yearly equality and diversity training. The registered manager informed us that the newly appointed Service Manager would be addressing staff training and would ensure the training planner was up to date.

Working with colleagues and other services

The service was located adjacent to the NHS accident and emergency department at the local NHS Hospital and this facilitated a close working relationship between the services.

The service provided support to all nursing and care homes in the local region out of usual GP working hours as well as a local Young Offenders Institute. They had close working relationships with social workers and local mental health support teams to assist them to fully address the needs of patients attending their service. The GPs also supported local practices to cover GP development days and offered support to accident and emergency by providing a GP to work various sessions within the accident and emergency department.

The service supported the implementation and roll out of a Prime Ministers Challenge Fund Pilot entitled Opening Doors – Aligning and Integrating health and Care Services

in Morecambe (Lancashire). Five practices in Morecambe offer an 8am to 8pm seven days a week service for 61,000 patients. The service provided on-going support of GP training, working in partnership with the Deanery.

The service had begun to work with a local hospice to provide care during out of hours periods. They participated in the local 'Better care together' agenda with the local Clinical Commissioning Group. The service was supporting the implementation and roll out of the 8am to 8pm bid won by five Morecambe practices.

The service provided staff with opportunities to express their views and set up the staff Morale -O-Meter surveys.

Information sharing

There was an effective system in place to ensure information about patients was shared with the

patient's own GP at the earliest opportunity. We saw that patient information was promptly shared with each patient's own GP for continuity of care. Where patients were not registered with a GP in the area covered by the service, for example tourists or visitors, where possible their information was passed to their last known GP.

There was good collaborative working between the service and other healthcare and social care agencies to help ensure patients received the best outcomes in the shortest possible time.

The staff informed us that the Care Home Support Team partnership working continued with Emergency Health Care Plan (EHCP) information being made available on the special notes section on patient records within the electronic system in place.

Using the electronic systems patient treatment information was passed to patients' own GPs. It was noted in the services annual report to the CCG that over the reporting period 2013 to 2014 this averaged a 98.89% success rate in providing the information by 8am when the OOH service ended.

Consent to care and treatment

Staff ensured that patient's consent to treatment was obtained and recorded appropriately. They had a comprehensive consent policy to assist GPs to ensure that consent was gained and recorded in line with national

Are services effective?

(for example, treatment is effective)

guidelines. GPs were aware of the various forms of consent and when each would be used whilst treating their patients and when they would need to apply Gillick competencies to assist them to treat their younger patients.

Issues relating to patients requiring assistance under the Mental Capacity Act 2005 were supported as required by the NHS Mental Health crisis teams and local social workers.

Health promotion and prevention

Patients were encouraged by the service to take an interest in their health and to take action to improve and maintain it. This included advising patients on the effects of their life choices on their health and well-being.

We found limited patient information available in the waiting areas of the BUC RLI service.

The registered manager advised that as they were based in part of the RLI outpatient department operational in daytime hours, it was difficult for them to display their health promotion literature in the waiting area. Staff however provided information and literature to patients as required during their appointment in the consulting room or over the phone.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

The reception staff treated people with respect and ensured conversations were conducted in a confidential manner further enabled due to the appointments system in place. We found staff were very knowledgeable about their systems and recognised when an issue raised by a patient was an emergency.

We saw there was good, friendly and professional interaction between patients and staff whilst in the waiting room. We noted staff treated patients with respect and kindness and protected their dignity and confidentiality. Staff were experienced and were able to demonstrate their awareness of what they should do if a patient's condition deteriorated or caused concern.

The CQC comment cards completed by patients remarked on the friendliness of staff, their professional approach and kindness. All the patients we spoke with said staff had treated them with respect and maintained their privacy and dignity.

A hearing loop was available if required. Staff had access, through Language Line, to interpreters to assist with consultations with patients whose first language was not English and type talk was available to patients during telephone consultation.

Care planning and involvement in decisions about care and treatment

The patients we spoke with confirmed they had been involved in decisions about their care and treatment. They told us their treatment had been fully explained to them and they understood the information given to them. This demonstrated a commitment to supporting patients to make informed choices about their care and treatment.

Male and female GPs were available across the Bay Urgent Care services' two locations. As only one GP was available at the Royal Lancaster Infirmary location, patients' who requested a gender choice of GP may need to attend the services' alternative location.

Staff told us they wrote in the patient record a summary of their consultation with the patient. This included past medical history and any medications or allergies they may have, the date of the onset of their symptoms, the severity, and of any treatment the patient may have already tried. They involved the patient in the next steps and discussed any relevant treatment options so that the patient was involved in the decisions about their care and treatment.

Staff we spoke with had awareness of the Mental Capacity Act (MCA) 2005 however we found that staff had yet to complete any MCA training.

Patient/carer support to cope emotionally with care and treatment

We saw that the vehicles used by GPs for home visits contained bereavement literature for carers and families with contact details for other supportive organisations. We were informed by patients spoken with that they were appropriately supported and offered information about what they should do should their condition change or worsen, and well as information about how to support their recovery with the treatment given. Patients said they were very clear when they needed to see their own GP and that when they attended their own practice for a follow up it was clear the services had communicated the care and treatment they had received.

Patients reported that staff were receptive to their care and treatment needs, staff listened to their concerns and patients told us they did not feel rushed during their consultation.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service had an effective system in place to ensure they could respond to meeting patients' needs. Where needed, clinicians could provide a consultation in patients' homes. The service's management team met with representatives of the Clinical Commissioning Groups (CCG) regularly to discuss performance and capacity. Appointments at the Royal Lancaster Infirmary Bay Urgent Care service (RLI BUC) were accessible to patients with mobility difficulties. The consulting rooms were suitable with easy access for patients. There was also a toilet for disabled patients available in the surrounding if not immediate area. There was sufficient onsite car parking.

The service had a business continuity plan in place to deal with foreseeable emergencies that might interrupt the smooth running of the service, in order to respond to patient's needs.

We saw there were contact details for various services available in the local area. This meant staff had access to information needed to make referrals or obtain specialist advice when required.

Patients once assessed by telephone could be offered a face to face appointment at RLI BUC. They responded to the needs of patients locally and from a wider geographical area when appropriate.

National Quality Requirements (NQR's) for out-of-hours services capture data and provide a measure to demonstrate that the service is safe, clinically effective and responsive. BUC service produced monthly and annual reports across the service overall rather than its individual locations. This report included monthly top 10 conditions that patients presented with during their contact with the service. They were able to show the annual break down of these top 10 conditions which assisted in service delivery and in anticipatory planning to respond and meet patients' treatment and care needs where any trends were identified. There was excellent collaborative working between the service and the local hospital to help ensure patients received the best care and outcomes in the shortest possible time.

Tackling inequity and promoting equality

Staff could access diversity and equality training which the registered manager informed us was also provided at induction and the service had an appropriate policy in place for staff to follow.

Clinical staff had awareness of the NHS Lancashire North Clinical Commissioning Groups' Equality and Inclusion Strategy 2013-2016. This was designed to tackle current health inequalities, promote equality and fairness and establish a culture of inclusiveness.

Access to the service

The premises were accessible for patients with limited mobility such as wheelchair users.

We arranged for a CQC comments box to be placed in the waiting area of the service before our inspection and 29 patients chose to comment. They commented on the ease of access, professional attitude of staff and their kindness. Some commented on how the service provided reassurance for them and their children when their own GP practices were closed. Others remarked they had received the right care and treatment at the right time. They also commented on how they felt listened to and that the GPs and nurses carefully took all their concerns on board. Others commented that they had visited more than once with their elderly parents remarking that they were never made to feel they were a nuisance.

The patients said access to the service was timely and their needs had been fully addressed. Patients told us they felt they their care had been discussed with them fully and the reason they had been advised to come into see the nurse or GP had been fully explained.

Children attending the service were prioritised as required but in general they were seen as soon as possible after arrival.

We spoke with staff about the management of patients with mental health issues who may be at their most vulnerable when attending the service. The GP and nurse informed us they had access to the local NHS Trust Crisis team for Mental Health and to social workers with accessible contact details they could utilise to further support patients as required.

Type talk services were available for hearing impaired patients and patient information guides were available in Braille. A telephone translation service, Language Line, was

Are services responsive to people's needs?

(for example, to feedback?)

available to communicate with patients who did not speak English. If patients requested a chaperone to be present, this was available but they asked that patients informed the service when making their appointment.

Listening and learning from concerns and complaints

Within a 12 month period we found that there had been two formal complaints. RLI BUC followed a complaints procedure to ensure all complaints were acknowledged, investigated and responded to within 20 days. If for any reason an investigation was delayed the complainant was informed and given a progress update.

We were shown the recorded complaints from the last twelve months and we could see there had been some changes in practice instigated from the complaints received. Each complaint was recorded onto their electronic system. Complaints were discussed at monthly service and regional manager meetings and any actions identified measures in place to reduce the risk of the same type of complaint occurring again. We noted that some complaints were not closed but monitored and kept under review until investigations were complete. We saw the investigations into the complaints were thorough and impartial. This meant areas where lessons could be learnt were identified and quality improvements made.

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 registered manager told us about the various meetings management staff attended to help keep them up to date with any new developments, professional updates and medical devices alerts or concerns. Staff knew their responsibilities and were satisfied they provided a good service for individual patients. They enjoyed working for the out of hours service and the contribution they made.

We saw evidence that showed the service worked with the CCG to share information, monitor performance and implement new methods of working to meet the needs of local people where appropriate to do so.

GPs attended various meetings, such as medicines management and safeguarding meetings. They shared information amongst others and appropriately shared information with their staff team. Staff were aware and engaged with various community health and social care teams and had awareness of the CCG's Better Care Together engagement programme.

Staff told us that although there had been recent service manager changes there was a clear strategic vision in respect of staff roles, responsibilities and staff succession planning. They said that following the appointment of the new service manager they would get back on track with their appraisal systems, education and training.

The North West Deanery GP trainers regularly visited and the GP informed us and demonstrated that they had received excellent feedback from students. The service invested and valued the potential clinical workforce for the future. One of the GPs who worked at the service was the assistant Dean.

Governance arrangements

We saw the risk register was updated at every governance meeting with new risks and actions taken to mitigate the risks identified. We were assured that all staff understood risk management and were fully involved in mitigating risk within the service. Staff we spoke with were aware of their roles and responsibilities, had understanding of the leadership within the service, and fully understood the appropriate reporting mechanisms in place where risk was identified and escalation required. In addition we saw the service conducted monthly audits to ensure staff maintained patient confidentiality.

The service had a comprehensive business continuity plan to assist staff to maintain the service during any unforeseen event such as a power outage. The service was also part of the 'Major Incident Plan' in place within the Clinical Commissioning Group to assist them to deliver continuing care during a major incident in the local area.

We saw staff had direct observed clinical practice and individual clinician assessments completed by a Lead GP. Forms were used to record the outcomes of each and the Royal College of General Practitioners (RCGP) toolkit used to audit the consultations which were scored. We saw this assisted staff in highlighting any areas which may need reflection or improvement and actions such as additional staff support or training.

Where gaps had been identified in the support arrangements for staff and procedures, such as annual appraisals, updates to fire safety training, infection control training updates, and medicines serial number recording, the management team were aware. Although aware these areas had not been acted on.

Staff had access to a range of policies and procedures which were kept up to date. We looked at several of the policies and saw they were comprehensive and covered a range of issues such as medicines management, complaints and safeguarding. The policies and procedures were available to staff on line and in hard copy. Staff had access to current guidance to support them in their work.

We saw from minutes of staff team meeting in July 2014 that staff had raised concerns regarding the sufficiency of training. We saw that the registered manager was to arrange training and update the staff training planners which would be part of their performance review. We saw that staff were required to complete mandatory training by certain dates which had been input into their training planner.

The service was aware following a medicines safety audit that actions had been identified for the service to take, including prescription pad serial number recording. The actions within the audit were colour coded red, amber and green to identify priority. The registered manager informed us that the newly appointed service manager would ensure appropriate measures were implemented to mitigate risk.

Are services well-led?

Good 

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

Leadership, openness and transparency

The senior management team at Bay Urgent Care met with representatives of the Clinical Commissioning Group (CCG) regularly to discuss performance and capacity.

There was a clear focus on clinical excellence and a desire to achieve the best possible outcomes for patients. The service operated an open culture and actively sought feedback and engagement from staff, all aimed at maintaining and improving the service. There had been few staff meetings with the nursing staff over recent months however staff said they communicated informally with each other via emails and whilst at the RLI BUC staff could contact staff at QVC for additional support. All said that they could email the registered manager and the staff we spoke with said they received timely responses to any issues raised.

Management lead through learning and improvement

RLI BUC had a system in place for the recording, investigation and learning from significant events, identifying any trends and any learning derived from them. We found there had been no significant events in the 12 month period recorded which we discussed with the registered manager. It was clear from the staff we spoke with and their responses that the low reporting was kept high on the regional and local manager monthly meeting agendas. We saw incidents were reported through their electronic system which reported both clinical and non-clinical events which totalled 26 in the reporting period October 2014 to September 2014. These were

incident categorised, impact rated, assessed to the actual severity and potential severity and once fully investigated were closed with the outcome noted and any learning cascaded to staff via the regional managers.

New staff received an induction programme in order to familiarise themselves with the service. This included working through the organisational policies and procedures and shadowing other members of staff. The service supported GPs who were completing their training. There was a supportive process in place for staff to gain experience whilst being appropriately supervised within the clinical area.

We saw minutes of regular governance meetings with information disseminated to staff. This told us staff were informed of changes and any updates made to practice. As staff worked a variety of hours it was not possible to get all staff together at one time so information was shared with staff by the management team at opportune appropriate times.

Staff in general told us the frequent changes in the service manager role had not affected their day-to-day operations as the regional manager was approachable, could be relied on to support staff when needed, and they would not hesitate to discuss topics. One staff member raised an issue with us in that they felt there had been concerns around the clear lines of responsibility within the service during this time but hoped with the new management structure this would be addressed.