

Primary Care 24 (Merseyside) Limited

Inspection report

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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 location	Requires Improvement	
Are services safe?	Requires Improvement	
Are services effective?	Requires Improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Requires Improvement	

Overall summary

This service is rated as Requires Improvement overall.

We carried out an announced comprehensive inspection of Primary Care 24 (Merseyside) Limited on 9, 10, 11, 12 and 13 May 2022.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

We had an additional focus on the urgent and emergency care pathway and carried out several inspections of services across a few weeks in the Merseyside area. This was to assess how patient risks were being managed across health and social care services during increased and extreme capacity pressures.

A summary of CQC findings on urgent and emergency care services in Cheshire and Merseyside (Liverpool, Knowsley and South Sefton).

Urgent and emergency care services across England have been and continue to be under sustained pressure. In response, CQC is undertaking a series of coordinated inspections, monitoring calls and analysis of data to identify how services in a local area work together to ensure patients receive safe, effective and timely care. We have summarised our findings for Liverpool, Knowsley and South Sefton within the Cheshire and Merseyside ICS below:

Cheshire and Merseyside (Liverpool, Knowsley and South Sefton)

Provision of urgent and emergency care in Cheshire and Merseyside was supported by services, stakeholders, commissioners and the local authority.

We spoke with staff in services across primary care, integrated urgent care, acute, mental health, ambulance services and adult social care. Staff had continued to work hard under sustained pressure across health and social care services. Services had put systems in place to support staff with their wellbeing, recognising the pressure they continued to work under, in particular for front line ambulance crews and 111 call handlers.

Staff and patients across primary care reported a preference for face to face appointments. Some people reported difficulties when trying to see their GP and preferred not to have telephone appointments. They told us that due to difficulties in making appointments, particularly face to face, they preferred to access urgent care services or go to their nearest Emergency Department. However, appointment availability in Cheshire and Merseyside was in line with national averages. We identified capacity in extended hours GP services which wasn't being utilised and could be used to reduce the pressure on other services. People and staff also told us of a significant shortage of dental provision, especially for urgent treatment, which resulted in people attending Emergency Departments.

Overall summary

Urgent care services, including walk-in centres were very busy and services struggled to assess people in a timely way. Some people using these services told us they accessed these services as they couldn't get a same day, face to face GP appointment. We found some services went into escalation. Whilst system partners met with providers to understand service pressures, we did not always see appropriate action taken to alleviate pressure on services already over capacity.

The NHS 111 service, which covered all of the North West area including Cheshire and Merseyside, were experiencing significant staffing challenges across the whole area. During the COVID-19 pandemic, the service had recruited people from the travel industry. As these staff members returned to their previous roles, turnover was high, and recruitment was particularly challenging. Service leaders worked well with system partners to ensure the local Directory of Services was up to date and working effectively to signpost people to appropriate services. However, due to a combination of high demand and staffing issues people experienced significant delays in accessing the 111 service. Following initial assessment and if further information or clinical advice was required, people would receive a call back by a clinician at the NHS 111 service or from the clinical assessment service, delivered by out-of-hours (OOH) provider.

We found some telephone consultation processes were duplicated and could be streamlined. At peak times, people were waiting 24-48 hours for a call back from the clinical assessment and out of hours services. We identified an opportunity to increase the skill mix in clinicians for both the NHS 111 and the clinical assessment service. For example, pharmacists could support people who need advice on medicines. Following our inspections, out of hours and NHS 111 providers have actively engaged and worked collaboratively to find ways of improving people's experience by providing enhanced triage and signposting.

People who called 999 for an ambulance experienced significant delays. Whilst ambulance crews experienced some long handover delays at the Emergency Departments we inspected, data indicated these departments were performing better than the England average for handovers, although significantly below the national targets. However, crews found it challenging managing different handover arrangements at different hospitals and reported long delays.

Service leaders were working with system partners to identify ways of improving performance and to ensure people could access appropriate care in a timely way. For example, the service worked with mental health services to signpost people directly to receive the right care, as quickly as possible. The ambulance service proactively managed escalation processes which focused on a system wide response when services were under additional pressure.

We saw significant levels of demand on emergency departments which, exacerbated by staffing issues, resulted in long delays for patients. People attending these departments reported being signposted by other services, a lack of confidence in GP telephone appointments and a shortage of dental appointments. We inspected some mental health services in Emergency Departments which worked well with system partners to meet people's needs.

We found there was poor patient flow across acute services into community and social care services. Discharge planning should be improved to ensure people are discharged in a timely way. Staff working in care homes (services inspected were located in Liverpool and South Sefton) reported poor communication about discharge arrangements which impacted on their ability to meet people's needs.

The provision of primary care to social care, including GP and dental services, should be improved to support people to stay in their own homes. Training was being rolled out to support care home staff in managing deteriorating patients to avoid the need to access emergency services. We found some examples of effective community nursing services, but these were not consistently embedded across social care. Staffing across social care services remains a significant challenge and we found a high use of agency staff. For example, in one nursing home, concerns about staff competencies and training impacted on the service's ability to accept and provide care for people who had increased needs.

Overall summary

We found some care homes felt pressure to admit people from hospital. Ongoing engagement between healthcare leaders and Local Authorities would be beneficial to improve transfers of care between hospitals and social care services. In addition, increased collaborative working is needed between service leaders. We found senior leaders from different services sometimes only communicated during times of escalation.

This report covers the inspection of Primary Care 24 (Merseyside) Limited. The reports of previous inspections can be found by selecting the 'all reports' link for Primary Care 24 (Merseyside) Limited on our website at www.cqc.org.uk.

This report comprises information from a combination of:

- What we found when we inspected the service.
- Information from our ongoing monitoring of data about the provider and information from the provider, patients, staff, the public and other organisations.

At this inspection we found:

- The service had systems in place to report significant events and incidents.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

The service is rated as requires improvement for being safe because:

- Not all staff had received up-to-date safeguarding training for their role.
- There were periods of understaffing which were not addressed in a way that ensured peoples safety was always protected. For example, there were shortfalls in clinicians available on some weekends and bank holidays.

The service is rated as requires improvement for being effective because:

- The provider continually did not meet some of the integrated urgent care indicators due to the demand for the service and the way it was delivered.
- There were missed opportunities for working with other services to improve the patient journey and feed back to commissioners. For example, working with NHS 111 to identify those patient pathways who could be booked into a face to face appointment with a clinician rather than receive a telephone consultation prior to an appointment.

The service is rated as requires improvement for being responsive because:

- Patients were not always able to access care and treatment from the service within an appropriate timescale for their needs.

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

- Staff satisfaction about working at the service was mixed. Staff did not always feel actively engaged with or empowered by the leadership team.
- The approach to service delivery and improvement was reactive and focused on short-term issues. For example, providing clinical resources on Monday mornings to contact patients who contacted the service over the weekend.

The areas where the provider **must** make improvements as they are in breach of regulations are:

Overall summary

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.

The areas where the provider **should** make improvements are:

- The organisation should continue to work closely with all system partners to tackle the capacity pressures on urgent and emergency care in the health and social care system in Liverpool.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included four CQC inspectors, Inspection Manager, a GP specialist adviser, and a CQC pharmacist.

Background to Primary Care 24 (Merseyside) Limited

Primary Care 24 (Merseyside) Limited, located at 4-6 Enterprise Way Wavertree Technology Park Liverpool, is a social care enterprise organisation.

It provides the following services for patients who contact NHS 111:

- An out-of-hours telephone consultation, face-to-face appointment and home visiting service for patients in Halton, Knowsley, Liverpool, Sefton (North and South), St Helens and Warrington. The out-of-hours service operates from 6.30pm to 8am on weekdays, all weekend and bank holidays.
- A clinical assessment service for patients who would benefit from further assessment of their symptoms and clinical advice. This service is available every day, 365 days a year.

In addition, it also provides:

- An extended access appointment service with GP's and clinicians for patients in Knowsley, St Helens and Liverpool. Patients are booked into these appointments via their own GP practice.
- GP and clinician appointments for patients who walk into the emergency department at Aintree University Hospital, during the out-of-hours period only, and the Royal Liverpool Hospital. The patients symptoms are assessed by emergency department staff and deemed not to require treatment in the emergency department.
- A call answering and advice service, from other healthcare professionals on behalf of patients, who would benefit from a consultation with a clinician.

Services are coordinated from the Wavertree headquarters across the areas covered. Appointments with clinicians are offered at the following locations. Some are not open every day but are available should the service be needed, and staff levels allow:

- Halton Hospital
- Widnes HCRC
- Knowsley Nutgrove Villa
- Knowsley NHS Walk-in Centre
- Liverpool Royal Liverpool Hospital
- Aintree University Hospital
- Old Swan Neighbourhood Centre
- South Liverpool NHS Treatment Centre
- Sefton Litherland NHS Treatment Centre
- Southport District General Hospital
- Formby Clinic
- St Helens Lowe House, Primary Care Resource Centre
- Warrington Bath Street Health and Wellbeing Centre

Extended Access is also coordinated from Wavertree Headquarters, however there is a small number of clinicians that will undertake this work remotely. Face-to-face appointments are available from the following sites:

- South Liverpool Treatment Centre, L19 2LW Monday – Friday 6pm - 11pm
- Childwall Health Centre, L15 6YG Monday – Friday 5pm to 9pm, Saturday 9am - 4pm
- Abercromby Family Practice L7 7HG Monday – Friday 5pm -10pm
- Townsend Health Centre L6 0BB Monday – Friday 4pm - 10pm, Saturday 9am – 4pm St Helens Extended Access
- Millennium Centre WA10 1HJ Monday – Friday 5.30pm – 9pm, Saturday 08:15am – 3pm
- Woodside Health Centre WA11 8AZ Saturday 9am – 1pm
- Rainford GP Practice WA11 8AZ Tuesday 5.30pm – 9pm Knowsley Extended Access
- Nutgrove Villa, Huyton L36 6GA Monday – Friday 3pm – 8pm

- Whiston Primary Care Resource Centre L35 3SX Thursday 10am – 2pm
- Halewood Centre L26 9UH Tuesday 10:00-14:00
- St Chads Clinic, Kirkby L32 8RE Monday, Wednesday & Friday 10am – 2pm, Saturday 10am – 3pm

During the inspection we visited Nutgrove Villa, Huyton, South Liverpool Treatment Centre, Sefton Litherland NHS Treatment Centre, Old Swan Neighbourhood Centre sites and Wavertree Headquarters.

The out-of-hours service operates against nationally and locally agreed integrated urgent care requirements which are monitored by commissioners on a monthly basis.

The out-of-hours service is commissioned by NHS Liverpool Clinical Commissioning Group as the lead commissioner for out-of-hours services across each commissioned area. From December 2019 to February 2020 Primary Care 24 (Merseyside) Limited were engaged in a tender process for a new out-of-hours contract expanding service provision across Halton, Knowsley, Liverpool, Sefton, St Helens and Warrington. This resulted in an increase in the service population from 850k to 1.32 million patients in the out-of-hours period. The new contract was intended to start in October 2020. However, due to COVID-19 pandemic, the contract commenced in April 2021.

The provider is registered to provide the following regulated activities:

- Transport services, Triage and medical advice provided remotely.
- Treatment of disease, disorder or injury.
- Diagnostic and screening procedures.

Are services safe?

We rated the service as requires improvement for providing safe services. This was because:

- Not all staff had received up-to-date safeguarding training for their role.
- There were periods of understaffing which were not addressed in a way that ensured people's safety was always protected. For example, there were shortfalls in clinicians available on some weekends and bank holidays.

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse, but we identified gaps in staff training.

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training.
- The provider had systems to safeguard those whose circumstances may make them vulnerable from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- All safeguarding incidents were reported on the electronic risk management system and subject to a review at the weekly Safety-First meeting. This was to ensure they were reported at the correct incident level and appropriate investigation was carried out.
- The provider produced an annual safeguarding audit. The report from April 2021 to April 2022 was provided to CQC during the inspection. The provider worked with other agencies to support patients and protect them from neglect and abuse. For example, when required Primary Care 24 (Merseyside) Limited worked with local agencies when a Multi-Agency Risk Management Meeting was needed relating to a serious safeguarding incident or matter. Mechanisms were in place to feedback concerns to the patients GP and health visitors.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- Not all staff had received up-to-date safeguarding training for their role. Data shared indicated there was 80% compliance for those staff requiring safeguarding adults level 3 and 81% compliance for those staff requiring safeguarding children level 3. The provider told us they continued to increase uptake of this training.
- Staff we spoke with knew who the service safeguarding lead was and how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. On-going audits were seen monitoring infection control risks, the most recent audit being in December 2021. Measures were put in place to minimise the risk presented by the Covid-19 pandemic. This included a detailed risk assessment and action plans. There was sufficient access to personal protective equipment (PPE) for staff, cleaning equipment and hand sanitizer. Infection prevention and control protocols, policies and procedures had been updated throughout the Covid-19 pandemic including the use of PPE to protect staff and patients attending the service. The service had a reporting system in place to capture infection control risks for patients and staff.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Health and safety risk assessments had been carried out monthly and appropriate actions taken. Plans were in place for this information to be added to the risk management system so that increased assurance could be gained by the senior management team.

Risks to patients

The arrangements for planning and monitoring the number and mix of staff needed improvements, as follows:

Are services safe?

- New contract arrangements were introduced in April 2021 resulting in an expanding service provision across Halton, Knowsley, Liverpool, Sefton, St Helens and Warrington. This resulted in a significant increase in the population served by the service. The provider reported that the first twelve months of operating the new service had been challenging with the impact of increased demand and COVID-19 significantly impacting upon the delivery model and performance. The provider continued to liaise and meet with the commissioners regularly to review performance, as the commissioning model was based on pre-pandemic healthcare provision.
- The provider experienced, particularly during weekend and bank holiday periods, where there were significant shortfalls in clinical staff rotas. For example, on a bank holiday there were eight clinical shifts could not be covered. This led to a delay in patients receiving a telephone consultation. The provider had measures in place to address this by establishing a working group to address the challenges and a paediatric nurse employed to provide consultations for young people, amongst utilising locum staff and holding recruitment drives. However, the measures were not as effective as they could be as they were recruiting from specific medical and nursing staff groups who were already in high demand to work in other clinical areas. The provider did not employ pharmacists who could deal with some medicine related queries.
- The provider had proactively worked with the commissioners to secure additional resources to contact those patients who had not been contacted during the out-of-hours period. These patients were called back by a clinician and offered a telephone consultation. However, this tended to happen on Monday mornings rather than during the out-of-hours period when the person expected it. All patients who were not called back during the original time frame were contacted by a non-clinician to check their condition had not deteriorated and safety advice provided.
- There was an effective induction system for temporary staff tailored to their role.
- Systems were in place to ensure the safety of out-of-hours vehicles. Checks were undertaken at the start and end of each shift.
- The locations visited by the CQC inspection team had equipment and medicines to deal with medical emergencies and staff were suitably trained in emergency procedures. Those staff we spoke with were clear on their roles and responsibilities.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. All referrals to the patient's GP and specialist services were documented.
- Staff had access to patients' GP medical records to check for information such as allergies before prescribing medicines. There were systems in place to share care plans with the service. For example, sharing information via special notes about those whose circumstances may make them vulnerable.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Appropriate and safe use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.

Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Arrangements for dispensing medicines kept patients safe.
- Palliative care patients were able to receive a prescription to access to pain relief and other medication required to control their symptoms, dispensed by chemists when they were open. The provider carried a stock of such medicines to dispense when chemists were closed.

Track record on safety

- There were risk assessments in relation to safety issues.
- Each base had been risk assessed, documentation showed there were no concerns identified from these assessments. Processes were in place to monitor risks at bases.
- The service monitored and reviewed activity relating to the various locations they operated from. This helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.
- Joint reviews of significant incidents were carried out with partner organisations, including the local emergency department, NHS 111 service and other services.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. All staff reported incidents and understood their duty to raise concerns and near misses. Some staff told us during busy periods they were not always supported to report individual incidents as any breaches to service delivery were addressed during the weekly safety first meetings. We reviewed a number of incidents and found those reported were investigated and learning implemented.
- Leaders had received training for undertaking a root cause analysis as part of an investigation when systems went wrong.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

We rated the service as requires improvements for providing effective services. This was because:

- The provider continually did not meet some of the integrated urgent care indicators due to the demand for the service and the way it was delivered.
- There were missed opportunities for working with other services to improve the patient journey and feed back to commissioners. For example, working with NHS 111 to identify those patient pathways who could be booked into a face to face appointment with a clinician rather than receive a telephone consultation prior to an appointment.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Care and treatment were delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. For example, pathways were in place for those with palliative care needs, those with poor mental health, infants under 6 months old and patients without transport.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff we spoke with were clear about the arrangements in place to deal with those who contacted the service regularly. Care plans, guidance and protocols were in place for staff to follow to provide the appropriate support.
- When staff were not able to make an onward referral for a patient, processes were in place for staff to follow. These were agreed with senior staff and clear explanation was given to the patient or person calling on their behalf.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

In October 2016 NHS England introduced a set of key performance indicators for integrated urgent care. These indicators built on the existing out of hours national quality requirements revising the way some elements were measured and introduced some new indicators reflecting the development of the integrated urgent care model. The indicators are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to their clinical commissioning group (CCG) on their performance against the standards which includes audits; response times to phone calls; whether telephone and face to face assessments happened within the required timescales; patient feedback; and actions taken to improve quality.

We reviewed data for the period April 2021 to March 2022 and found there were areas where the service was outside of the out-of-hours target range for an indicator. For example:

- The percentage of urgent calls who had received a telephone clinical assessment within 20 minutes ranged from 73% to 83% against a target of 95%.
- The percentage of urgent calls who had received a telephone clinical assessment within 60 minutes ranged from 23% to 43% against a target of 95%.
- The percentage of urgent calls who had received a telephone clinical assessment within two hours ranged from 14% to 50% against a target of 95%.

Are services effective?

The provider was meeting the following national performance indicators:

- The percentage of patients who required an urgent response and consulted within two hours at an appointment centre ranged from 96% to 99%, against a target of 95%.
- The percentage of patients who did not require an urgent response and consulted within six hours at an appointment centre, ranged between 98% and 99% and performance was stable.
- Case details sent by 8am next working day ranged from 91% to 100%.

The provider was aware of the areas where they were not meeting the integrated urgent care indicators and some attempts were being made to address them. The provider increased the number of clinical hours available on Monday mornings to call those patients back who did not receive a telephone consultation over the weekend. All patients received a call back and were not passed onto GP practices when they opened.

The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, an annual controlled drugs and general medicines audits were undertaken reviewing how these were managed and prescribed by clinical staff. The provider also undertook an antibiotic prescribing audit annually and the results showed improvements in terms of prescribing since the previous year. The results of these audits were shared with staff in the staff newsletter.

The service was actively involved in quality improvement activity. For example, audits of clinician consultations with patients. Learning from these reviews was shared with all clinicians via the monthly staff newsletter. For example, it was noted that antibiotic prescribing for some infections was outside local guidelines in a number of cases.

Call audit was also undertaken for operational team members who received calls via the healthcare professional line and those who made outbound calls to patients during busy times. The call audit was split into four stages, dependent on the stage each operational team member was at. The results of these audits were shared with the individual staff members and actions were identified if improvements were needed.

Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as infection control, health and safety and safeguarding.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. However, feedback from staff indicated not all staff were provided with ongoing support. Non-clinical staff highlighted the opportunity to de-brief after taking challenging calls was informal and did not always meet their needs.
- Clinical staff had access to one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. Clinicians told us about a staff newsletter where learning and information was shared with staff.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Are services effective?

Staff worked together and worked well with other organisations to deliver effective care and treatment, however the coordination of patient pathways was not always effective.

- We found that in terms of the patient journey there were missed opportunities for working with other services such as the Trust and NHS 111 to improve services for the future. We fed this back to the provider who agreed to review this with other providers to look at patient pathways and appropriate outcomes for patients. For example, link in with NHS 111 to identify the pathways that often resulted in a face to face appointment to provide direct booking rather than a telephone consultation first.
- We saw records that showed all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure callers were referred to other services for support as required.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The provider worked with Directory of Services leads to keep it up to date and any issues were promptly resolved.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- The service identified patients who may need extra support. For example, they used in-hours patient notes to help identify those who may have a care plan in place.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Call handlers gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the treatment centre reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services responsive to people's needs?

We rated the service as requires improvement for providing responsive services. This was because:

- Patients were not always able to access care and treatment from the service within an appropriate timescale for their needs.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences. However, contingencies that were put in place during busy periods were not always communicated with other care providers and did not effectively manage the issue.

- Following contact with NHS 111, those patients who required further clinical assessment were passed onto the service for a telephone consultation. Approximately 11% of these patients were then offered a face to face appointment if clinically appropriate. This led to a delay in receiving face to face care and treatment.
- Due to the shortage of clinical staff local area treatment centres closed. This meant that patients had the option to travel further distances out of area to be seen or the staff could be transported to the centre to see the patient.
- When the service was busy and patients waited past their expected call back time staff at the service called patients to check their symptoms had not changed and make them aware of the delays. When there were delays with call backs, patients would also contact NHS 111 to enquire about the delay which resulted in an increase of calls, particularly at busy times.
- The provider engaged with commissioners to secure improvements to services where these were identified. The provider improved services where possible in response to unmet needs. For example, extra staff were used on a Monday morning to call back patients that did not receive a call over the weekend.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service. Patients who were unable to visit a treatment centre for a face to face appointment were offered a home visit if clinically indicated. However, sometimes visits did not happen within the time frame allocated due to the geographical area covered.

Timely access to the service

Patients were not always able to access care and treatment from the service within an appropriate timescale for their needs.

- The service operated from 6.30pm to 8pm, Mondays to Friday and 24 hours a day on weekends and bank holidays. There were different opening hours for some of the bases and these were displayed on the provider's website.
- Patients accessed the out-of-hours service via NHS 111. The service did not see walk-in patients and a 'Walk-in' policy was in place which outlined what approach should be taken when patients arrived without having first made an appointment. For example, patients were told to call NHS 111 or referred onwards if they needed urgent care. All staff were aware of the policy and understood their role with regards to it, including ensuring that patient safety was a priority.
- When patients contacted NHS 111, they were taken through a pathway's assessment which provided the patient with an expected individual response time (called disposition). Pathways is a clinical tool, used by non-clinicians to assess, triage and direct the public to the most appropriate service for their needs. Primary Care 24 (Merseyside) Limited accept dispositions from NHS 111 with response times ranging from 20 minutes to 24 hours.
- The provider monitored the performance of the time disposition which included monitoring clinical and operational staffing levels against planned. This was for telephone consultation, face to face appointments and home visits. When

Are services responsive to people's needs?

the service had long waiting times and they were not able to achieve the time disposition, escalation processes were in place to inform senior managers and key external stakeholders to notify them that the service was under pressure. We were informed that at these times operational teams undertook 'comfort calls' to patients to inform the patient of the delay and to assess if there has been any change to symptoms and provide safety netting advice.

We saw the national key performance indicator results for the service for the period April 2021-March 2022 which showed the provider was meeting the following indicators:

- The provider met all of the face-to-face consultation time frames as the time was calculated after a clinician had spoken with the patient. It did not take into consideration how long the patient had waited for the initial call back.

For the same period the provider was not meeting the following indicators:

- Home visits to commence within: Emergency/one hour – the service achieved this apart from June 2021 (50%), October 2021 (50%) and February 2022 (66%)
- Home visits to commence within: Urgent/two hours – range was between 61% and 84%
- Home visits to commence within: Less urgent/six hours - range was between 70% and 83%
- Whilst there were systems in place to manage waiting times and delays, not all of these were effective. All calls were monitored, and the call queue was reviewed closely to identify patients at risk. However, staff reported to us there were considerable delays consistently and they were not able to respond to the backlog of calls. It was reported to us, that some patients did not receive a call back as initially planned consistently across this time period. During our inspection on the 9 May 2022 we were told that 100 patients calls had not been responded to over the previous weekend.
- Mostly patients with the most urgent needs had their care and treatment prioritised. Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. There were 58 complaints received in the last 12 months.
- All complaints received into Primary Care 24 (Merseyside) Limited were subject to a review at the weekly Safety-First meeting. The Director of Nursing chaired this meeting and service leads from areas attended. At this meeting the complaints were discussed, there was identification of themes, lessons learned, and key actions developed. Reports indicated that the highest reported incident fell under the subject, 'Patient Care' and its sub-subject, 'Delay in making contact with patient'.
- We reviewed a sample of complaints and found that they were satisfactorily handled in a timely way.

Are services well-led?

We rated the service as requires improvement for well-led. This was because:

- Staff satisfaction about working at the service was mixed. Staff did not always feel actively engaged with or empowered by the leadership team.
- The approach to service delivery and improvement was reactive and focused on short-term issues. For example, providing clinical resources on Monday mornings to contact patients who contacted the service over the weekend.

Leadership capacity and capability

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. We found there was a proactive internal approach to managing the risks and challenges faced by the service. However, there was little external facing engagement with other care providers, other than at a day to day operational level.
- Arrangements were in place for senior management to be accessible throughout the operational period, with an on-call system that staff were able to use. Escalation plans were in place that could be brought into effect during the operational period when the service was running to full capacity. However, feedback from some staff indicated they felt the leadership team were not visible and they did not attend the bases regularly enough.
- At the time of inspection Primary Care 24 (Merseyside) Limited were undergoing a transformation and review of key leadership roles, the aim being to develop leadership capacity and skills, including planning for the future leadership of the service. We found there had been significant changes to the leadership team since the last inspection and a number of senior roles were interim. Some staff told us the changes in managers led to a delay in dealing with issues and conflicts raised by staff.

Vision and strategy

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

- There was a clear vision and set of values. Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population. However, low clinical staffing levels meant this could not always be achieved.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

Culture

Feedback from staff about the culture was mixed.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour and we noted this in our review of the service response made to complainants.
- Many staff we spoke with during the inspection, including senior managers reported a culture that encouraged openness and honesty at all levels within the organisation. Staff were supported to raise concerns and the service had a Freedom to Speak up Guardian. However, some staff reported to us they did not feel confident raising concerns and did not believe appropriate learning and actions would be taken.
- Staff were supported to meet the requirements of professional revalidation where necessary.

Are services well-led?

- Organisational leaders promoted a culture of learning and continuous improvement to maximise quality and outcomes from their services, including multi-professional training. Staff confirmed to us they had protected time for non-patient facing responsibilities. For example, attendance at clinical meetings.
- Staff had access to an annual appraisal process, from which plans were made to support individual staff development. The completion rate for the service was 98%.
- We had mixed feedback from staff about how supported they felt. Some reported good support from local line managers, others reported feeling isolated and a lack of support because of management role changes. Some told us that the Service Delivery Teams were aligned and supportive. However, they felt the corporate teams and managers were less visible and supportive.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work. Clinical staff we spoke with during the inspection told us they felt well supported by the clinical leadership team.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were mostly clear responsibilities, roles and systems of accountability to support good governance and management, however, we did identify some gaps.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- The governance and management of partnerships, joint working arrangements and shared services required improving. There was insufficient evidence that effective measures were in place to improve the co-ordination and communication with other providers involved in care. For example, meetings did not take place to review the outcomes for patients who used the GP streaming service at the local hospital sites. The provider has confirmed that since the inspection these meetings have resumed.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, a number of staff reported that with the many changes in management positions the communication systems were not effective.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

- The provider had systems and processes in place for managing risks, issues and performance. However, where risks were identified, they did not introduce measures to reduce or remove the risks within a timescale that reflected the level of risk and impact on people using the service. For example, patients not contacted over the weekend would be contacted on Monday mornings.
- Regular discussions were taking place with the CCG about the risks in the service. The provider had taken action to increase clinical cover on Monday mornings to contact those patients who were waiting for a telephone consultation over the weekend. The provider explained this was due to the reluctance of some clinical staff to work on Sundays.
- The provider had systems in place to review current and future performance of the service. They were aware of the challenges meeting national performance targets and a recovery plan for performance had been identified.
- Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.

Are services well-led?

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of internal action to resolve concerns and improve quality.
- The providers had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance and quality and sustainability were discussed in relevant meetings internally. The service used performance information, which was reported and monitored, and management and staff were held to account.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

Engagement with patients, the public, staff and external partners required improvements.

- The service had recently recruited a Patient Engagement Lead role to actively engage and co-ordinate feedback to the service with a view to identifying areas for improvement.
- A weekly newsletter/briefing was sent to all staff via email. Included were messages from the chief executive and the service delivery team.
- The executive team had regular meetings with staff as listening events. Records for the meeting held on 23 February 2022 showed that issues and operational concerns held by staff were shared with the team. Logs were made of the issues raised and responses were recorded from the different departments this involved.
- The provider had not recently undertaken a staff survey and we were told that staff fed back their views at local meetings. However, staff told us via our CQC staff questionnaire that due to low staffing levels local meetings had lapsed.
- The provider reviewed patient complaints and significant events to gain feedback on ways in which the service could improve. We were showed how the service gathered patient feedback via the Friends and Family feedback and how this was shared with staff. Service reports were used to collect the patient feedback, and this was reviewed, and actions taken by the leadership team when needed.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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
Diagnostic and screening procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>In particular:</p> <ul style="list-style-type: none">• There were considerable delays across the weekends for the waiting times experienced by patients receiving a call back for a telephone consultation.• Key performance indicators for integrated urgent care demonstrated poor performance consistently relating to percentage of urgent calls that were responded to and received a telephone clinical assessment within an appropriate timescale for their needs.• Safeguarding adults and children training considered mandatory by the service was not consistently monitored to ensure that it was completed. <p>This was in breach of Regulation 18 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p>

Requirement notices

- The provider had systems and processes in place to enable them to identify and assess the risks associated with having insufficient clinical staffing levels. However, where risks were identified, they did not introduce measures to reduce or remove the risks within a timescale that reflected the level of risk and impact on people using the service.
- The system in place for dealing with surges in demand and to respond to patients who experienced long waits were not effective.
- Feedback from staff indicated that the leadership team were not visible across the organisation. They reported relationships were not collaborative, and managers were not acting quickly enough to resolve issues and conflicts when raised by staff. This included their confidence in reporting incidents and concerns. A number of staff reported that with the many changes in management positions the communication systems were not effective.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.