

# Beech House

## Quality 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 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 carried out an announced comprehensive inspection of Lincolnshire Community Health Services NHS Trust (LCHS) GP out-of-hours service on 2, 3, 4 and 17 August 2016. The overall rating for the service was inadequate. The service was rated as inadequate for being safe and well led, requires improvement for being effective and responsive and good for being caring.

The full comprehensive report from the August 2016 inspection can be found by selecting the 'all reports' link for 'Beech House' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Where a service is rated as inadequate for one of the five key questions, it has to be inspected within six months of the publication of the original inspection report. We informed LCHS that we intended to carry out a full comprehensive inspection which would consist of unannounced inspections of primary care centres and an announced visit to the Trust headquarters 'Beech House'.

We carried out a combination of announced and unannounced visits as part of a full comprehensive inspection of LCHS GP out-of-hours service in August and September 2017.

We carried out an unannounced visit of Boston, Grantham, Lincoln and Louth primary care centres on 25 and 26 August 2017. We carried out an announced visit to the Trust headquarters located at Beech House, Lincoln on 30 and 31 August 2017 and unannounced visits to Skegness primary care centre on 6 September 2017 and a further visit to Lincoln primary care centre on 7 September 2017. We then carried out an announced visit to Beech House on 22 September 2017. Overall the service is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for recording, reporting and learning from significant events.
- Risks to patients were assessed and well managed. With the exception of those in relation to concerns found at Lincoln primary care centre.

# Summary of findings

- Patients' care needs were assessed and delivered in a timely way according to need. The service met the National Quality Requirements with the exception of NQR12 (performance standard in respect of the time taken to commence face to face consultations in both primary care centres and in people's homes). Performance results had improved since our last inspection. We looked at an audit of breaches in relation to NQR12 carried out by the Trust. Findings showed that 92% of cases had an incorrect priority assigned and 30% of cases could have been managed with alternative dispositions such as clinical advice and referral to other services. Based on this data, the Trust could have achieved 93% performance for NQR12 compared to the actual reported achievement of 57% in August.
  - The Trust had systems in place to engage with staff and obtain their views about the out- of-hours service.
  - The Trust had a 'green card' system in place which involved palliative care patients being issued with a dedicated telephone number to enable themselves or their carers to access the out-of-hours service via their clinical assessment service (CAS) directly, therefore removing the need to call NHS111.
  - The Trust worked proactively with other organisations and with the local community to develop services that supported hospital admission avoidance and improved the patient experience. For example, the Trust worked in collaboration with Lincolnshire Integrated Voluntary Emergency Service (LIVES) first responders who are a voluntary charity and provide vital immediate care before handing over to the ambulance service when they arrive. CAS clinicians were able to dispatch LIVES responders to provide a clinical response to unscheduled calls and provide an agreed level of care such as undertaking a patient assessment including basic observations.
  - Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
  - There was a system in place that enabled staff access to patient records, and the out-of-hours staff provided other services, for example the local GP and hospital, with information following contact with patients as was appropriate.
  - Patients experienced a service that was delivered by dedicated, knowledgeable and caring staff. They were positive about their interactions with staff and said they were treated with compassion, dignity and respect.
  - Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
  - The primary care centres had good facilities and were well equipped to treat patients and meet their needs with the exception of Lincoln primary care centre. The vehicles used for home visits were clean and well equipped.
  - There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
  - The provider was aware of and complied with the requirements of the duty of candour.
- The areas where the provider must make improvement are:
- Ensure care and treatment is provided in a safe way to patients.
  - 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 improvement are:
- Improve signage to the out-of-hours service at primary care centres.
  - Review the risk register to ensure clear information on the risk or the actual impact or mitigating actions is recorded and agreed actions or specified timescales are recorded on the risk register.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

Lincolnshire Community Healthcare Services NHS Trust GP out-of-hours service is rated as requires improvement for providing safe services.

During our previous inspection in August 2016, we found patients were at risk of harm because systems and processes were not in place to keep them for safe. For example, those in relation to induction processes for sessional GPs, infection control, child and adult safeguarding and chaperone training. We also found concerns in relation to the receipt, dissemination and actioning of alerts received from the Medicines healthcare Regulations Agency (MHRA).

During our inspection in August and September 2017, we found:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There was an effective system in place for recording, reporting and learning from significant events. Lessons were shared to make sure action was taken to improve safety in the service.
- When things went wrong patients were informed in keeping with the Duty of Candour. They were given an explanation based on facts, an apology if appropriate and, wherever possible, a summary of learning from the event in the preferred method of communication by the patient. They were told about any actions to improve processes to prevent the same thing happening again.
- The Trust had clearly defined and embedded systems and processes in place to keep patients safe and safeguarded from abuse.
- When patients could not be contacted at the time of their home visit or if they did not attend for their appointment, there were processes in place to follow up patients who were potentially vulnerable.
- There were systems in place to support staff undertaking home visits. For example, two members of staff travelled together to attend home visits, this enabled them to alternate driving duties if required for safety purposes.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Risks to patients were assessed and well managed with the exception of those in relation to concerns found at Lincoln

Requires improvement



# Summary of findings

primary care centre. For example, we found concerns relating to some types of medicines being provided to patients however, the Trust acted upon this immediately during our inspection.

- Vehicles used to take clinicians to patients' homes for consultations were well maintained, cleaned and contained appropriate emergency medical equipment. Vehicles were equipped with a satellite tracking system for security and safety purposes.
- Emergency equipment held at the primary care centres was well maintained and calibrated regularly.

## Are services effective?

Lincolnshire Community Healthcare Services NHS Trust GP out-of-hours service is rated as good for providing effective services.

During our previous inspection in August 2016, we found concerns in areas relating to the effectiveness of systems in place to keep all clinical staff up to date in relation to guidelines from National Institute for Health and Care Excellence (NICE).

During our inspection in August and September 2017, we found:

- The service was consistently meeting National Quality Requirements (performance standards) for GP out-of-hours services to ensure patient needs were met in a timely way. NQR12 was an exception (NQR12 is a performance standard for the time taken to commence face to face consultations in both primary care centres and in people's homes) although performance had seen an increase since our last inspection in August 2016. The Trust had implemented an action plan and submitted a business case to the commissioners regarding NQR12 performance.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Clinicians provided urgent care to walk-in patients based on current evidence based guidance.

Good



# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The service worked closely with patients' own GPs and information was shared with the out of hour's service through special notes, ensuring that the patient's needs and wishes were known.
- The Trust held quarterly staff engagement events to attract additional GPs to work with the primary care centres. The Trust had recently appointment an additional six GPs to work in the primary care centres.

## Are services caring?

Lincolnshire Community Healthcare Services NHS Trust GP out-of-hours service is rated as good for providing caring services.

During our previous inspection in August 2016, the service was rated as good for being caring.

During our inspection in August and September 2017, we found:

- Feedback from the majority of patients through our comment cards and feedback collected by the provider was very positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The out-of-hours service had a 'green card' system in place which involved the palliative care patients being issued with a dedicated telephone number to enable themselves or their carers to access the out-of-hours service via the CAS directly, therefore removing the need to call NHS111.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were kept informed with regard to their care and treatment throughout their visit to the out-of-hours service.

Good



## Are services responsive to people's needs?

Lincolnshire Community Healthcare Services NHS Trust GP out-of-hours service is rated as good for providing responsive services.

During our previous inspection in August 2016, there was insufficient assurance to demonstrate people received effective, timely care and treatment, for example in respect of the time to commence face to face consultations at both patients place of residence and primary care centres.

Good



# Summary of findings

During our inspection in August and September 2017, we found:

- The Trust reviewed the needs of the population it served and engaged with the local Clinical Commissioning Group (CCG) to provide services that were responsive to the needs of the population.
- The Trust worked collaboratively with other Trusts to identify opportunities and develop schemes to improve the services patients received.
- The Trust worked in collaboration with Lincolnshire Integrated Voluntary Emergency Service (LIVES) first responders who are a voluntary charity and provide vital immediate care before handing over to the ambulance service when they arrive. CAS clinicians were able to dispatch LIVES responders to provide a clinical response to unscheduled calls and provide an agreed level of care such as undertaking a patient assessment including basic observations.
- Data showed the service was consistently failing to meet National Quality Requirements (performance standards) for GP out-of-hours services in respect of the time taken to commence face to face consultations in both primary care centres and in people's homes (NQR12) however, the Trust had completed an action plan and had submitted a business case to the commissioners in relation to improvements required for NQR12. Face-to-face consultations (whether in a centre or in the patient's place of residence) must be started within the following timescales, after the definitive clinical assessment has been completed: Emergency: Within 1 hour Urgent: Within 2 hours, Less urgent: Within 6 hours. Performance results had improved since our last inspection. We looked at an audit of breaches in relation to NQR12 carried out by the Trust. Findings showed that 92% of cases had an incorrect priority assigned and 30% of cases could have been managed with alternative dispositions such as clinical advice and referral to other services. Based on this data, the Trust could have achieved 93% performance for NQR12 compared to the actual reported achievement of 57% in August.
- Since the CAS began operating, data showed that less than 3% of patients needed accident and emergency specialism, the service had seen a reduction of 5,000 accident and emergency department visits against a 2.2% national growth and a reduction of 1,000 ambulance dispatches against a 2.2% national growth.

# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

Lincolnshire Community Healthcare Services NHS Trust GP out-of-hours service is rated as good for being well-led.

During our previous inspection in August 2016, there was limited evidence of the Trust seeking the views of people who used the service. Some GPs who worked in the out-of-hours service told us that they received little support from some senior members of the management team.

During our inspection in August and September 2017, we found:

- The Trust had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- Leaders had an inspiring shared purpose and strove to deliver and motivated staff to succeed. The Trust had invested in a leadership programme which aimed to encourage behavioural changes in leaders.
- There was a clear leadership structure and staff felt supported by management. The Trust had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The Trust proactively sought feedback from staff and patients specifically in relation to the out-of-hours service, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour. The leadership team encouraged a culture of openness and honesty. There were systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a strong focus on continuous learning and improvement at all levels, staff were encouraged to continually learn and develop their skills.
- The Trust had invested in the health and wellbeing of staff and provided staff with access to health and wellbeing days with access to various activities and services such as physiotherapy, occupational health, confidence days, free health checks, mindfulness classes, yoga and access to counselling services.

Good





# Summary of findings

- An annual patient survey has been commissioned and an external company had been approached to develop an urgent care specific survey which will be designed based on the intelligence received from the quality and risk management and integrated care services report.

# Summary of findings

## What people who use the service say

There was no publically accessible data available to assess people's experience of using the out-of-hours service. However, the Trust had recently introduced a SMS pilot service in May 2017 to allow patients to complete the Friends and Family Test by return text message and voice messaging which had seen a significant increase in the number of responses received. Results of the Friends and Family Test showed 90% of service users recommended the service. There had been an increase in responses received in 2017 compared to 2016. For example, in July 2016 the service had received 884 responses compared to 2954 responses in 2017.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 107 comment cards from seven primary care centres which were mostly positive about the standard of care received. Patients told us staff were kind and caring and received a high standard of care. Those that were less positive were in relation to waiting times to be seen at the primary care centre and poor attitude of some staff members towards patients.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.

### Action the service **SHOULD** take to improve

- Improve signage to the out-of-hours service at primary care centres.
- Review the risk register to ensure clear information on the risk or the actual impact or mitigating actions is recorded and agreed actions or specified timescales are recorded on the risk register.

# Beech House

## 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 specialist advisor, two additional CQC inspectors which included a CQC hospitals inspector, two nurse specialist advisors, an inspection manager and a head of inspection. We were also provided with remote support from a CQC pharmacist specialist throughout our inspection.

### Background to Beech House

Lincolnshire Community Health Services NHS Trust (LCHS) provides GP out-of-hours services for the population of Lincolnshire. Services are commissioned on behalf of the four Lincolnshire clinical commissioning groups (CCGs) by NHS Lincolnshire West CCG. In addition, the Trust provides other healthcare services including, but not limited to, urgent care and walk in centres, community nursing, health visiting, community hospitals and family and healthy lifestyles services.

The Trust employs approximately 2,500 staff and provides services for a population of approximately 784,000 (Office for National Statistics data) living in Lincolnshire, dispersed across an area of 2,350 square miles, Lincolnshire is the second largest county in England. Road communications can be difficult with few miles of dual carriageway and no motorways. The public transport infrastructure from the outlying villages to the county towns is generally poor. The Lincolnshire coastal holiday destinations have a high number of transient, temporary residents coupled with high levels of deprivation. The Trust employed the services of 73 self-employed or locum GPs who worked in the primary care centres.

Out-of-hours care is provided from eight primary care centres across the county of Lincolnshire. They are located at:

- Boston Accident & Emergency Department, Pilgrim Hospital, Sibsey Road, Boston, PE21 9QS.
- Grantham and District Hospital, 101 Manthorpe Road, Grantham, NG31 8DH.
- Louth Urgent Care Centre, Louth County Hospital, High Holme Road, Louth, LN11 0EU.
- Lincoln Accident and Emergency Department, Lincoln County Hospital, Greetwell Road, Lincoln, LN2 5QY.
- Skegness Urgent Care Centre, Skegness and District Hospital, Dorothy Avenue, Skegness, PE25 2BS.
- Minor Injuries Unit, Johnson Community Hospital, Spalding Road, Pinchbeck, Spalding, PE11 3DT.
- Stamford and Rutland Hospital, Ryehall Road, Stamford, PE9 1UA.
- Gainsborough Minor Injuries Unit, John Coupland Hospital, Ropery Road, Gainsborough, DN21 2TJ.

We visited the primary care centres located at Boston, Lincoln, Louth, Grantham and Skegness. We also visited the Trust headquarters located at Beech House, Lincoln during the course of this inspection. All of the primary care centres we visited were used by other healthcare providers during the in-hours' period.

The service provides a clinical assessment service (CAS) in alliance with East Midlands Ambulance Service which has been in operation since August 2016. CAS is a triage service which directs patients to primary care centres, dispatches home visiting teams, offers planned call backs to those with less urgent needs and is supported by multi-skilled clinical staff including GPs, urgent care practitioners and pharmacists.

## Detailed findings

The out-of-hours service operates from 6.30pm until 8am on weekdays, and continuously from 6.30pm on a Friday evening until 8am on a Monday morning. It also covers bank holidays and provides a service for patients with urgent medical needs that cannot wait until their GP practice is next open. To access the service patients phone the NHS 111 service which is provided by Derbyshire Health United (DHU) from their call centres located in Derby and Chesterfield. The NHS 111 service transfer patients to the CAS service where patients are triaged by clinicians and may be directed to attend one of the primary care centres, receive a home visit or given other clinical advice. This service is supported by an urgent care leadership team which includes a medical lead for urgent care, a head of urgent care, a senior advanced practitioner, a clinical assessment service (CAS) operations manager, a service manager and a team of clinical team leaders, service matrons and nursing staff.

The out-of-hours service sees on average 7,041 patient contacts per month. Since January 2017 the service has seen 49,286 patient contacts, it is estimated that the service will see approximately 84,490 patient contacts over a 12 month period. The highest number of patient contacts are seen at the Lincoln primary care centre. GPs who work in the out-of-hours service are mostly self-employed and work on a sessional basis however, the Trust had recently employed a number of permanent GPs. In addition to GPs the Trust employs nurses, nurse practitioners, emergency care practitioners and healthcare support workers at the primary care centres.

GPs work in the primary care centres from 6.30pm until 11pm. After 11pm an 'on-call' GP is available by telephone. Between the hours of 11pm and 8am the primary care centres are staffed by practitioners supported by healthcare support workers. A home visiting service is in operation and is staffed by nurses, emergency care practitioners and health care support workers who travel in pairs.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service in August 2016 under Section 60 of the Health and Social

Care Act 2008 as part of our regulatory functions. The service was rated as inadequate for providing safe and well led services, requires improvement for being effective and responsive and good for being caring.

We carried out a comprehensive inspection which consisted of a combination of announced and unannounced visits between 28 August and 22 September 2017. This inspection was carried out to ensure improvements had been made.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations such as NHS Lincolnshire West CCG, Healthwatch and NHS England to share what they knew. We carried out an unannounced visit of Boston, Grantham, Lincoln and Louth primary care centres on 25 and 26 August 2017. We carried out an announced visit to the Trust headquarters located at Beech House, Lincoln on 30 and 31 August 2017 and unannounced visits to Skegness primary care centre on 6 September 2017 and a further visit to Lincoln primary care centre on 7 September 2017. We then carried out an announced visit to Beech House on 22 September 2017.

During our visits we:

- Spoke with a range of staff at Beech House and also at five of the primary care centres we visited. They included the Chief Executive, Director of Nursing and Operations, Deputy Director of Operations, Medicines Management Lead, Pharmacist, Project Manager, Medical Lead for Urgent Care, Head of Urgent Care, CAS Manager, Senior Advanced Practitioner, Senior Matron, Head of Safeguarding, Public Engagement lead and a number of clinical team leaders and urgent care staff.
- Held a leadership team and an operational team focus group to speak to key staff.
- Reviewed a sample of the personal care or treatment records of patients.
- Observed how patients were provided with care.

# Detailed findings

- Inspected five out of the eight primary care centres where GP out of hours services are provided, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.
- Looked at five vehicles used to take clinicians to consultations in patients' homes, and we reviewed the arrangements for the safe storage and management of medicines and emergency medical equipment.
- Reviewed 107 CQC comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

# Are services safe?

## Our findings

During our previous inspection in August 2016, we found patients were at risk of harm because systems and processes were not in place to keep them for safe. For example, those in relation to induction processes for sessional GPs, infection control, child and adult safeguarding and chaperone training. We also found concerns in relation to the receipt, dissemination and actioning of alerts received from the Medicines healthcare Regulations Agency (MHRA).

During our inspection in August and September 2017, we found the following:

### Safe track record and learning

There was an effective system in place for reporting and recording significant events, serious incidents and near misses.

- Staff told us if they had been involved in or witnessed a significant event they reported the event including concerns regarding patient safety or any other incidents via the electronic 'Datix' reporting system.
- The Trust carried out an analysis of the significant events and incidents reported via 'Datix' and ensured these were investigated and that learning from them was disseminated to staff.
- There had been five reported serious incidents in primary care centres since 1 April 2016. We saw that they had been clearly recorded and a full root cause analysis undertaken, where appropriate. Steps to prevent any re-occurrence were clearly documented and had been actioned. Examples we looked at showed that Duty of Candour had been considered.
- Incoming calls to the operations centre were recorded for the purpose of training and development of staff but also for incident and complaints investigation purposes.
- The electronic incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident,

received support, an explanation based on facts, an apology where appropriate and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The service had clearly defined and embedded systems, processes and services in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. A detailed urgent care safeguarding process was in place which included a flowchart for adult, child and domestic violence referrals. The safeguarding policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The Trust also held regular safeguarding and patient safeguarding committee meetings, we saw evidence of meeting minutes where safeguarding concerns were discussed. Meetings were held to discuss and review any safeguarding incidents which were also required to be reported via the Datix system, details of any serious case reviews, case discussion and dissemination of learning in relation to safeguarding.
- The Trust produced a safeguarding annual report, we saw evidence of a 2016-17 report which contained detailed information in relation to safeguarding which included referral rates and trends and their priorities for example, to continue to increase the awareness of safeguarding within the organisation.
- There was a head of safeguarding in place with five deputy named nurses for safeguarding, one who was a lead for domestic abuse.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All clinical staff who worked in the primary care centres including GPs were trained to child safeguarding level three.
- A safeguarding file was held in paper format at each primary care centre and an electronic safeguarding file was accessible on the intranet which included contact details for internal and external safeguarding contacts,

# Are services safe?

referral forms and policies and procedures for safeguarding. The intranet had a safeguarding area accessible by all staff which included access to suicide awareness information.

- The Trust worked closely with the mental health crisis teams and had signed up to the 'suicide charter'. Staff told us they had a good relationship in place with the local police and local authority safeguarding teams.
- We looked at six examples of safeguarding referrals made and saw that these had been handled appropriately. An audit of safeguarding referrals had been carried out for those made between November 2016 and May 2017.
- We observed that notices were available in the waiting rooms of primary care centres we visited which advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). An in-house chaperone training programme had been developed and delivered by the training and development lead.
- The Director of Nursing and Operations was designated as the Director of Infection Control and held overall responsibility. The Trust maintained appropriate standards of cleanliness in the primary care centres. We observed the five primary care centres we visited to be visibly clean and tidy. Staff had access to appropriate hand washing facilities, personal protective equipment, and spillage kits for cleaning spills of bodily fluids. Infection prevention and control audits and action plans had been put in place to rectify any issues identified. We saw evidence of these during our inspections for all primary care centres.
- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance e.g annual servicing of fridges including calibration where relevant.
- We reviewed various personnel files for different staff groups and found appropriate recruitment checks had been undertaken prior to employment. For example,

proof of identification, references, qualifications, registration with the appropriate professional body, appropriate indemnity and the appropriate checks through the Disclosure and Barring Service.

- Professional indemnity was in place for employed clinical staff and sessional GPs.

## Medicines Management

- The process for managing stocks of medicines held in the primary care centres worked well to ensure medicines were available when needed.
- Medicines incidents were recorded via Datix, reviewed monthly and reported to the urgent care quality and risk group. We saw evidence of incidents being discussed by this group, reviewed and acted upon appropriately by the Trust. There was evidence of sharing learning from incidents within the Trust. We saw that a cold chain incident had resulted in a recent audit and a review of the cold chain policy. In another example, an incident had resulted in the removal of stocks of controlled drugs from some primary care centres. A pharmacist had been employed to be on call 24 hours per day to ensure these medicines could be obtained for patients if required.
- Additional staffing had been resourced to facilitate any changes required following any medicine incidents.
- The Trust participated in the development of the local formulary for out-of-hours medicines which ensured this reflected national and local prescribing guidance.
- Some of the primary care centres held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential for misuse). Standard operating procedures were in place that governed how these were managed, stored, provided to patients and destroyed in line with relevant legislation.
- Processes were in place for checking medicines, including those held at the service and also medicines bags for the out-of-hours vehicles. The Trust undertook quarterly medicines audits.
- At Lincoln primary care centre we found concerns relating to some types of medicines being provided to patients. When a medicine for muscle relaxation or anxiety was issued a small quantity was provided in packaging that did not include the expiry date of the medicine, the dose frequency, the batch number or a



# Are services safe?

patient information leaflet. Following our concerns, the Trust immediately withdrew all supplies of these medicines and stocks were replenished with packets which contained the full course with the required information and dosage instructions.

- Patient Group Directions had been ratified by the Trust to allow healthcare staff to administer medicines in line with legislation. Clinical team leaders (CTLs) and matrons signed-off individual practitioners as being competent to use a PGD. An electronic process had been implemented for PGDs distribution and authorisation. During our visit to the Lincoln primary care centre we found that one PGD in use did not reflect the risks of the use of this type of medicine. The PGD indicated that a full bottle of medicine would be left in a patient's home if a dose had been given. The requirement to assess the risk of this was not explicit in the PGD. We were assured that the PGD would be updated immediately following our inspection. The Trust planned for PGDs to become part of mandatory training and they also planned to conduct a review of PGD related incidents.
- The process for the managing of prescriptions at Beech House ensured that blank prescriptions were stored and distributed in line with national guidance. With the exception of Lincoln primary care centre, we found that in the primary care centres we visited blank prescription pads were securely stored and tracked in accordance with national guidance. The matron in attendance at Lincoln immediately addressed our concerns. The day following our inspection, we were provided with evidence of revised procedures to ensure blank prescription forms were tracked within all primary care centres including Lincoln.

## Monitoring risks to patients

Risks to patients were assessed and well managed with the exception of Lincoln primary care centre.

- We found arrangements relating to health and safety were in place and once identified issues were promptly responded to by the Trust. Regulated activities took place across eight primary care centres. All of these buildings were used by other healthcare services during the 'in hours' period. There were contractual arrangements in place for the management of risks affecting the premises such as fire safety, legionella and

cleaning. Equipment was checked and calibrated to ensure that it was safe to use and working properly. During our visits to five primary care centres, we observed health and safety information such as fire evacuation procedures were on display.

- We observed busy waiting areas at the Lincoln primary care centre during a bank holiday weekend and saw that a receptionist was not always located at the reception desk as they also acted as a chaperone when required. This meant that there was not always a receptionist able to observe patients in the waiting area at all times or be aware if their condition was deteriorating.
- There were systems in place to ensure the safety of the out of hours vehicles. Checks were undertaken at the beginning of each shift. We looked at the vehicles used on home visits. We saw service records to show that these were regularly maintained. The drivers undertook routine checks of the vehicle to ensure they were fit for purpose and to report any faults that needed to be addressed. We observed staff carrying out safety checks during our inspection and saw that these checks were carried out thoroughly and in line with their procedures.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. A system was in place to identify gaps in staffing levels to enable the Trust to effectively plan staffing levels across all primary care centre where required.
- Information provided by the commissioner (NHS Lincolnshire West CCG) throughout our inspection told us that the Trust had mitigated gaps in staffing levels when these had occurred with appropriate contingencies put in place. The commissioner told us that recent quality visits to primary care centres had taken place prior to our inspection which included representation from the commissioner, who were pleased to see well managed and very supportive teams working across these primary care centres.
- In addition to the GPs providing consultations at the primary care centres, there was also a clinician on duty who was responsible for covering the CAS list of patients



## Are services safe?

awaiting assessment. CAS could be operated virtually from any of the primary care centres, there was also a duty GP available who would also have the ability to access CAS remotely if urgent assistance was required.

### Arrangements to deal with emergencies and major incidents

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

- We saw that a comprehensive business continuity plan, available electronically and in hard copy format, was in place to inform staff in the event that the normal operation of the service was interrupted by such things as failure of power, telephony, staffing issues or loss of a primary care centre. We saw that hard copies as well as electronic copies were available allowing all staff access to it should the need arise.
- There was a rota in place to ensure that there was always a senior member of the management team on call to assist in the event of a major issue.
- All staff received annual basic life support training, including use of an automated external defibrillator.
- All primary care centres had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible and all staff knew of their location. All the medicines we checked were in date and stored securely.
- Security processes were in place for drivers and clinical staff working in the community. All vehicles were equipped with a satellite tracking system. The tracking system allowed the operations centre staff to view all vehicles locations on a TV screen 24 hours a day.
- Staff were provided with mobile phones which when shaken in the event of an emergency situation, raised an alarm which would automatically alert a security call centre who would provide assistance in an emergency situation and enabled conversations to be recorded.

# Are services effective?

(for example, treatment is effective)

## Our findings

During our previous inspection in August 2016, we found concerns in areas relating to the effectiveness of systems in place to keep all clinical staff up to date in relation to guidelines from National Institute for Health and Care Excellence (NICE).

During our inspection in August and September 2017, we found:

### Effective needs assessment

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

- The Trust had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The Trust monitored that these guidelines were followed.
- The health care support workers who undertook baseline observations when patients arrived at the service had information relating to normal values and vital signs, which enabled them to easily escalate concerns to clinicians.

### Management, monitoring and improving outcomes for people

From 1 January 2005, all providers of out-of-hours services have been required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to the clinical commissioning group on their performance against standards which includes audits, response times to phone calls, whether telephone and face to face assessments happened within the required timescales, seeking patient feedback and actions taken to improve quality. We looked at the National Quality Requirements (NQRs) for Out-of-Hours GP services and found that where there had not been full compliance, action had been taken.

The Trust had undertaken the required number of clinical audits for both practitioners and GPs in line with the Royal College of General Practitioners (RCGP) framework and in

compliance with the relevant National Quality Requirements. A clinical supervision policy was in place and clinical supervision events could be recorded electronically within staff records on the intranet which was accessible by all staff at all primary care centres to ensure they could keep an up to date record of their clinical supervision.

There was evidence of other quality improvement including clinical audit. During our inspection, we looked at audits carried out in relation to the CAS for example, audits of failed patient encounters at primary care centres. The aim of this audit was to check compliancy against the agreed process for failed patient encounters within 24 hours and to assess any risk associated. The result of this audit showed 100% compliancy with no evidence of clinical risk. A second cycle audit was scheduled to be carried out in January 2018.

Information about patients' outcomes was used to make improvements such as audits of patient notes and documentation such as care plans for patients and prescribing rates. Practitioner audits were also carried out of which 90% of practitioners had achieved the requirements of these audits, the benchmark was 90%. For those staff who did not meet the benchmark they would be asked to complete a reflection and learning. Sample call audits were also carried out for all practitioners.

### Effective staffing

We were aware that the Trust had consistently failed to meet the key performance indicator targets for conducting face to face consultations with patients both at primary care centres and in their own homes. During our previous inspection in August 2016, staff that we spoke with at the primary care centres had told us that it was down to low staffing levels. However, staff told us that since our last inspection in August 2016, the Trust had recruited additional staff to work within the primary care centres and told us about the continued approach to recruit additional staff members. During our visit to Beech House, we saw evidence of a medical staffing model which had been designed and led by a newly appointed medical workforce lead to deliver this model. The Trust held quarterly staff engagement events to attract additional GPs to work with the primary care centres. We were informed during our inspection that the Trust had recently appointed an additional six GPs to work in the primary care centres.

# Are services effective?

## (for example, treatment is effective)

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

- The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were also supported to work alongside other staff and their performance was regularly reviewed during their induction period.
- The Trust could demonstrate how they ensured role-specific training and updating for relevant staff. For example, training for telephone consultations included theory and practical training, advanced nurse practitioners (ANPs) who undertook this role were signed off as competent and had received appropriate training in clinical assessment. All new health care support workers (HCSWs) were also required to undertake the new Care Certificate introduced nationally to equip them with the skills and knowledge for their role.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and clinical supervision. All staff had received an appraisal and clinicians had received a competency audit within the last 12 months.

### Coordinating patient care and information sharing

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

- This included access to a required summary care record which detailed information provided by the person's GP. This helped the out-of-hours staff in understanding a person's need.

- The service shared relevant information with other services in a timely way, for example when referring patients to other services.
- The Trust worked collaboratively with the NHS 111 providers and attended regular meetings with them.
- The Trust worked collaboratively with other services. Patients who could be more appropriately seen by their registered GP or an emergency department were referred and if patients needed specialist care, the out-of-hours service, could refer to specialties within the hospital. Staff also described a positive relationship with the mental health and district nursing team if they needed support during the out-of-hours period.

The service worked with other service providers to meet patients' needs and manage patients with complex needs including sending out-of-hours notes to the registered GP services electronically by 8am the next morning.

The Trust had systems in place to signpost callers to other services, for example mental health services. We found the service to be sensitive of patient needs and worked proactively to deliver care that supported them. For example working with other healthcare services to develop continuity of care between services such as district nursing and health visiting teams, mental health crisis teams and GP practices.

### Consent to care and treatment

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

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

# Are services caring?

## Our findings

During our previous inspection in August 2016, the service was rated as good for being caring.

During our inspection in August and September 2017, we found:

### Kindness, dignity, respect and compassion

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

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

Staff were mindful of confidentiality and advised us that they would offer somewhere private if a patient wished to discuss sensitive issues or appeared distressed.

Comment cards received from seven primary care centres highlighted that staff were kind and caring, all four comment cards received from the Lincoln primary care centre were positive about their experience of this service and level of care received.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had

sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Staff we spoke with were aware that some callers needed extra help and support to help them understand or be involved in their care and treatment and this included callers who were unable to understand English well enough to be able to make an informed choice. All clinical staff had access to telephone translation services.

The Trust had systems in place to signpost callers to other services, for example mental health services. We found the service to be sensitive of patient needs and worked proactively to deliver care that supported them. For example working with other healthcare services to develop continuity of care between services such as district nursing and health visiting teams, mental health crisis teams and GP practices. The out-of-hours service had a 'green card' system in place which involved the palliative care patients being issued with a dedicated telephone number to enable themselves or their carers to access the out-of-hours service via the CAS directly, therefore removing the need to call NHS111.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Facilities for people with hearing impairment e.g. hearing aid loops were available at some primary care centres.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

During our previous inspection in August 2016, there was insufficient assurance to demonstrate people received effective, timely care and treatment, for example in respect of the time to commence face to face consultations at both patients place of residence and primary care centres.

During our inspection in August and September 2017, we found the following:

### Responding to and meeting people's needs

LCHS worked closely with the commissioner of the out-of-hours service to ensure that they were planned and delivered in line with patient needs. The various stakeholders including ambulance services and clinical commissioning groups worked with the Trust to best identify and meet those needs. This was achieved by formal governance arrangements including monthly reporting on performance, quality, clinical governance and complaints and incident monitoring.

In August 2016, the Trust launched an Integrated Clinical Assessment Service (CAS) to effectively manage all patients with urgent healthcare needs, from the point of first contact through to delivery of the care or advice needed. At the time of our last inspection in August 2016 this service was in its infancy. During this inspection we were able to see how this service had progressed and developed since it began operating. The aim of this service was to reduce the pressures on emergency centres such as accident and emergency to concentrate on patients that are seriously ill or injured and have immediate need for high level, specialist care.

We looked at performance data at peak times to assess the impact the CAS may have on emergency departments in Lincolnshire. During Easter bank holiday weekend, the CAS handled on average 790 clinical assessments per day compared to 245 assessments per day pre-Easter bank holiday. The out-of-hours services handled 435 clinical contacts per day within primary care centres compared to 70 contacts per day pre-Easter weekend. Although there had been a significant increase in patient activity, there had been no activity increase in emergency departments attendances across Lincolnshire, therefore the CAS had shown a positive impact in reducing accident and emergency attendances since the implementation of the CAS.

Since the CAS began operating, data showed that less than 3% of patients needed accident and emergency specialism, the service had seen a reduction of 5,000 accident and emergency department visits against a 2.2% national growth and a reduction of 1,000 ambulance dispatches against a 2.2% national growth.

Home visits were available for patients whose clinical needs which resulted in difficulty attending the service. However, during our inspection staff told us that at times, home visits were often delayed due to pressures on staffing levels to ensure CAS was staffed appropriately particularly at times of high patient demand. Since our last inspection, the Trust had also commenced a pilot scheme working in collaboration with Lincolnshire Integrated Voluntary Emergency Service (LIVES) first responders who are a voluntary charity employing a bank of over 700 volunteers who give up their spare time to respond to 999 medical emergencies in the community across Lincolnshire, and provide vital immediate care before handing over to the ambulance service when they arrive. CAS clinicians were able to dispatch LIVES responders to provide a clinical response to unscheduled calls and provide an agreed level of care such as undertaking a patient assessment including basic observations and liaised with the CAS GP on duty regarding these patients. (LIVES are not an active provider in supporting the delivery of CAS).

We visited five primary care centres and found that the premises were suitable for patients with disabilities. The reception desks had a lower level for patients in wheelchairs. Disabled toilet facilities and baby changing facilities were available at all five locations. A hearing loop and translation services were available.

The Trust were working in conjunction with United Lincolnshire Hospitals NHS Trust (ULHT) and Lincolnshire Partnership Foundation Trust (LPFT) on the provision of a joint the translation service, all primary care centres had posters and information for patients on display.

### Access to the service

The out-of-hours service operated between 6.30pm and 8am Monday to Friday and 24 hours on a Saturday, Sunday and bank holidays. Patients accessed the service through the NHS 111 telephone number. Calls were triaged by the 111 service and patients assessed as having a need to have a face to face consultation. Following the NHS111 assessment, cases were passed to the CAS where cases



# Are services responsive to people's needs?

## (for example, to feedback?)

were held in a 'stack' that could be accessed by clinicians and a re-assessment of their needs undertaken. The CAS was not based in any one physical locality and operated as a virtual service that could be accessed from any suitably configured computer by authorised staff.

The Trust used National Quality Requirement (NQR) and other quality indicators which it submitted to the Clinical Commissioning Group (CCG) to monitor the quality of the service patients received. NQRs for GP out-of-hours services were set out by the Department of Health to ensure these services were safe and clinically effective. NQR12 is the measure of the time taken to start a face to face consultation with a patient whether it be in the patient's place of residence or primary care centre after the definitive clinical assessment has been completed. They are graded as emergency-within one hour; urgent-within two hours and less urgent-within six hours. We reviewed the applicable NQR12 performance data for the period April to August 2017 however, the service had failed to meet the key performance indicator (KPI) of 95% in every month. A CAS business plan had been prepared and submitted to the commissioners and an action plan had been completed since our last inspection. NQR12 performance was also discussed at quarterly quality review meetings and a monthly audit was in place to monitor calls transferred to CAS via NHS 111 deemed as 'emergency' or 'urgent' following the NHS 111 clinical pathway assessment. We were told that calls of this nature were often incorrectly transferred by NHS 111 affected the NQR12 performance data once the call had been received into the CAS.

We spoke with staff at the primary care centres regarding the time taken to complete home visits in particular, staff told us that staffing levels had improved since our last inspection to increase cover for home visits. Staff told us that the Trust often deployed staff across different areas of urgent care including the CAS. This was carried out to support operational delivery and maintain safe services.

We looked at an audit of breaches of the home visit KPIs in August 2017. Audit findings showed that 92% of cases had an incorrect priority assigned and 30% of cases could have been managed with a home visit and alternative dispositions such as clinical advice and referral to other

services could have been offered. Based on this data, the Trust could have achieved 93% performance for NQR12 compared to the actual reported achievement of 57% in August.

During our visits to Lincoln primary care centre we noted that signage from the car parking areas to the primary care centre was poor and the inspection teams on both visits during August and September 2017 encountered difficulty in locating it.

### Listening and learning from concerns and complaints

The provider had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for Out-of-Hours GP services in England. There was a designated person who handled all complaints for the Trust.

Information about how to complain was on the Trust website. We saw information for patients on how to complain in the waiting room at all five locations we visited.

The out-of-hours service had received 12 complaints and the CAS had received seven complaints between February 2017 and August 2017 which equated to 4.5 complaints per 1,000 patient contacts. Two of the complaints which were either upheld or partially upheld were in relation to patient care and staff attitude. We looked at the summary of complaints for this period. We found that these had been satisfactorily handled, demonstrated openness and transparency and dealt with in a timely manner. We looked at three complaints in detail. We saw that actions had been taken to address the outcome of these complaints which included a full letter of apology to the patient due to unacceptable levels of service and a formal performance related interview had been conducted with the staff member involved in relation to poor attitude. Records clearly showed that the Trust fulfilled its duty of candour and people were told when they were affected by something that went wrong.

Complaints were reviewed at an urgent care working group and also at a quality and risk committee which were then escalated to a quarterly board meeting to review learning the lessons from complaints. Lessons learned were shared with staff through newsletters and also in an urgent care county wide bulletin, we saw evidence of a bulletin dated July 2017.

# Are services responsive to people's needs?

(for example, to feedback?)

Compliments were recorded in a centralised system for the Trust overall as of 1 April 2017. We looked at two compliments received specifically for the out-of-hours service from 1 April until 30 August 2017. One compliment received was from a patient who said he had been seen on time at the Boston primary care centre, received a thorough investigation and was very pleased with the

service and wanted this to be shared with staff. The second compliment was a thank you to staff at Lincoln primary care centre and the patient wished to say that they were looked after by staff and thanked them for their kindness and understanding as the patient was late for their appointment.

# Are services well-led?

Good 

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

## Our findings

During our previous inspection in August 2016, there was limited evidence of the Trust seeking the views of people who used the service. Some GPs who worked in the out-of-hours service told us that they received little support from some senior members of the management team.

During our inspection in August and September 2017, we found the following:

### Vision and strategy

The service had a clear vision to deliver high quality care and promote good outcomes for patients. The Trust told us that they put quality, safety and good patient outcomes as a top priority with the vision and values being clear to all staff through their promotion of a campaign aimed at all staff called 'The LCHS Way'. The leadership team had re-enforced the messages through staff engagement events and continued staff communications.

Throughout our inspection, the Trust evidenced that they had taken positive steps to address the concerns found during our inspection in August 2016 and also to address the low performance for NQR12 for patients receiving face to face consultations both at their place of residence and primary care centres which although had still not achieved the target of 95% had seen a significant increase in performance since our last inspection. For example, in quarter one (April to July 2017) performance for face to face consultations in an emergency less than one hour was 57% compared to 40% in quarter four 2015-16.

### Governance arrangements

The Trust had an overarching governance framework that supported the delivery of the strategy and good quality care for the out-of-hours service. This outlined the structures and procedures in place and ensured that:

- There was a strong and clear leadership structure in place, senior staff were very knowledgeable and an integral part of the team. The Board were very experienced and had diverse professional backgrounds and knowledge. Both the Board and leadership team displayed high values aimed at improving the service and patient experience and were taking positive steps to deliver improvements following the concerns identified during our inspection in August 2016. The Trust continued to remind and re-enforce those values with all staff. During our visits to primary care centres, we were told that members of the senior leadership team had recently visited primary care centres.
- Three '15 Steps' quality visits were undertaken in three primary care centres, Lincoln, Grantham and Stamford from January to July 2017 which included a representative from the Commissioners. All feedback from these visits were discussed at the quality and risk urgent care service level group. Actions were agreed following these visits with timescales applied which included the appointment of a patient and public involvement lead, and team leads at primary care centres.
- Since our last inspection, the Trust had reviewed leadership arrangements for the out-of-hours service and ensured that there was always an on-call GP available, an on call director, a duty matron from 8am until 8pm which included weekends, a duty manager from 8pm until 8am and a duty manager 24 hours per day on weekends and bank holidays.
- During our inspections of primary care centres we observed daily calls which took place each evening with lead members of staff from all primary care centres to conduct a shift handover and discuss any issues which may have arisen across all locations. Staff told us they found these calls beneficial.
- There was a clear staffing structure in place and staff were aware of their own roles and responsibilities. Staff were encouraged to continually develop their skills and knowledge.
- Service specific policies were implemented and were available to all staff electronically across all locations. Staff were regularly updated of any they were required to be aware of.
- The Trust had a good understanding of their performance against National Quality Requirements. These were discussed at senior management and Board level. Performance was shared with staff and the local clinical commissioning group as part of contract monitoring arrangements.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements which included continual audit of the CAS.



# Are services well-led?

Good 

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

- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions however this required further improvement. There was a risk management strategy in place with a lead for both corporate and operational risk. Staff were able to report risks through their line managers which were then reported to and reviewed through the Trust quality and risk meetings where risks could then be escalated to the patient safety committee. Operational risk management focused on two main areas, safeguarding and workforce and meeting NQR. However, the risk register did not provide clear information on the risk or the actual impact or mitigating actions. Some control measures had been agreed and documented but there was no agreed actions or specified timescales recorded on the risk register. We looked at quality and risk meeting minutes where risks were discussed and noted that these did record a timescale for actions to be completed. Risks were allocated a 'risk owner' but it was unclear why some risks had not yet been addressed.
- Staff spoke positively about the Trust and about its open and supportive culture, staff felt very proud to work for them and told us they had the opportunity to raise any issues and felt confident and supported in doing so.
- The Trust had invested in the health and wellbeing of staff and provided staff with access to health and wellbeing days with access to various activities and services such as physiotherapy, occupational health, confidence days, free health checks, mindfulness classes, yoga and access to counselling services.
- The Trust had conducted a health and wellbeing survey, we saw evidence of a summary report of the survey results completed in July 2017. 187 staff members had completed the survey and responded positively to the likelihood of taking part in health and wellbeing initiatives in the future, for example 62% said they would attend for health checks and 59% said they would take part in physical team activities.
- The Chief Executive sent all staff a weekly email to update them on developments and held a monthly telephone conference that was open to all staff and was also recorded and available for those that wished to hear it. Staff also had direct access to the Chief Executive via 'Ask Andrew' email account.
- The Trust was committed to developing the workforce and there was evidence that staff were encouraged and supported to attend training appropriate to their roles. A training and development lead had developed in-house training programmes for topics such as chaperone and spotting the sick child. A clinical skills gap analysis had been completed which included CAS training needs. Staff involved in handling medicines received training appropriate to their role.
- The Trust ensured that nurses were provided with support in their revalidation, appraisal processes were in place for all staff and all clinical staff received a high level of continual clinical supervision and assessment of their competencies.

## Leadership and culture

- Throughout our inspection, the Trust demonstrated they had the experience, capacity and capability to run the out-of-hours service and the CAS and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Throughout the inspection we found the Trust encouraged a culture of openness and honesty and were prepared to learn from incidents, complaints and near misses, we found all staff welcoming during our inspection.
- During our leadership and operational focus groups held to talk to staff, we were told that the organisation had evolved and were much more focused on staff engagement and the health and well-being and development of staff and they felt supported by the leadership team. Staff told us that there was an open door approach at Beech House, that training opportunities were good and staff felt involved in shaping services. Staff told us that members of the Board knew who staff were and that made them feel happy and trusted in their roles. Staff also told us there had been a big change in how people work with more cohesive working.

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

# Are services well-led?

Good 

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

patients about notifiable safety incidents. The Trust encouraged a culture of openness and honesty and had systems in place to ensure that when things went wrong with care and treatment:

- The Trust gave affected people an explanation based on facts and an apology where appropriate, in compliance with the NHS England guidance on handling complaints.
- The Trust kept written records of verbal interactions as well as written correspondence.

## Seeking and acting on feedback from patients, the public and staff

The Trust encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- Patients were offered the opportunity to complete the NHS Friends and Family Test and the results were analysed every month. Patients were able to complete paper based response cards in primary care centres and the Trust had commenced a SMS based pilot for patients to respond. We saw that FFT was discussed in meeting minutes in June 2017. Actions from results included information boards being provided for patients which included information about waiting times. The Trust had commenced training and development programmes for customer service and coaching and mentoring for staff working within the primary care centres. FFT data was available for each primary care centre which enabled the Trust to identify specific trends to target improvements required. 'You said, we said' posters were displayed across all primary care centres to feedback to patients about what the improvements made based on patient feedback.
- Feedback from the FFT showed that patients felt waiting times were good, staff were excellent, caring and hardworking and that the environment was good. Feedback that was less positive were also in relation to waiting times, care received, communication, staff attitude, staff levels and opening times.
- A staff survey had been conducted in March 2017. The Trust held regular 'responsible together' meetings. We looked at minutes of these meetings from June 2017 which included a discussion about the staff survey

results and engagement survey results. The most recent survey results carried out had shown positive increases in staff responses for example, there had been a 7% increase in staff who would recommend the urgent care service as a place to work and there had been a 12% increase in staff who said that the care of patients and service users was their organisations top priority compared to the previous survey results carried out. A presentation had been delivered to staff which included an action plan based upon the results and a summary of positive and negative recurring themes which had been identified from the results.

- The Trust had developed a ten month leadership programme and 60 members of staff had already joined this programme which aimed to encourage behavioural changes in leaders. During our inspection, staff who had attended this programme spoke positively about their experiences and felt this had attributed to the positive culture change within the organisation since our last inspection.
- An annual patient survey has been commissioned and an external company had been approached to develop an urgent care specific survey which will be designed based on the intelligence received from the quality and risk management and integrated care services report. This survey was due to go live in September 2017.
- A patient group had been set up to gain feedback and communicate with non-English speaking communities and the Trust were in the process of recruiting two additional patients to engage with eastern European communities.
- The Trust held quarterly engagement events, the most recent event was attended by 18 GPs. The agenda included NICE guidelines and sharing of incident related information.

## Continuous improvement

- The Trust had recently employed a workforce lead to design and implement a medical workforce model to support the out-of-hours service.
- Three further roles had been introduced to deliver improvements which included a training and development lead, a senior leader for the CAS and an associate governance lead.

# Are services well-led?

Good 

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

- The Trust worked in collaboration with Lincolnshire Integrated Voluntary Emergency Service (LIVES) first responders who are a voluntary charity and provide vital immediate care before handing over to the ambulance service when they arrive. CAS clinicians were able to dispatch LIVES responders to provide a clinical response to unscheduled calls and provide an agreed level of care such as undertaking a patient assessment including basic observations.
- Funding had been provided through the government project 'controlling migration fund'. The Trust were recruiting a 'healthy community support worker' to support people of Lincolnshire to access services available to them. This support worker would work with all Trust services including out-of-hours and integrated community teams. The role was to commence in September 2017.
- The commissioner had closely monitored the Trust against the required improvement actions since our last inspection in August 2016 and felt that the Trust had made good progress and had been very open and receptive with sharing progress information and ensuring the commissioners inclusion in internal quality visits to the primary care centres. The commissioners also told us that the Trust had demonstrated impressive outcomes in terms of safe care, delivery and prevention of unnecessary admissions and attendances not only to emergency departments but to other services within Lincolnshire.

## 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Transport services, triage and medical advice provided remotely	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider did not ensure that a process was in place to ensure blank prescriptions were tracked throughout the Lincoln primary care centre.</p> <p>The provider did not ensure that PGDs in relation to some medicines ensured that the prescriber evaluated high risk medicines to be left in the patient's home address or other setting and to handle it in accordance with that risk.</p> <p>The provider did not ensure that some medicines were dispensed to patients at the Lincoln primary care centre in the appropriate packaging to ensure details of expiry dates, dosage and other information was provided to patients.</p> <p>The provider did not ensure that adequate staffing levels were in place at the Lincoln primary care centre to ensure that staff based on the reception desk could observe patients in the waiting room at all times to ensure they were aware of worsening patients.</p> <p>The provider did not ensure that medicines were dispensed safely to patients at the Lincoln primary care centre.</p> <p>The provider did not ensure that staffing levels across all primary care centres were at the required minimum safe staffing level at all times as determined by the provider.</p> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>