North Nottinghamshire Out of Hours

Quality Report

Primary Care 24
Mansfield Road
Sutton in Ashfield
Nottinghamshire
NG17 4JL
Tel: 0300 456 4952
Website: www.cncs-care.co.uk

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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.

Summary of findings

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Summary of findings

Overall summary

We carried out a comprehensive inspection of North Nottinghamshire Out of Hours on 17 April 2015 and 20 April 2015. Overall this out-of-hours service is rated as good. Specifically we found this provider to be good for providing safe, effective, caring, responsive and well-led services.

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

- The out-of-hours service provided safe care and treatment. North Nottinghamshire Out of Hours had procedures in place which identified and minimised risks to patients who used the service.
- Staff delivered safe care and treatment.
- The out-of-hours service was responsive to patients' needs. It provided face-to-face consultations, telephone consultations and home visits depending on the needs of patients.
- The out-of-hours service had procedures in place to monitor the effectiveness of its patient care and treatment. This was carried out in a consistent way which ensured the performance of the out-of-hours service was closely monitored.

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?

Good

The out-of-hours service is rated as good for providing safe patient care and treatment. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The out-of-hours service provided opportunities for the staff team to learn from significant events and was committed to providing a safe service. Information about safety was recorded, monitored, appropriately reviewed and addressed. The out-of-hours service assessed risks to patients and managed these well. There were enough staff to keep patients safe.

Are services effective?

Good

The out-of-hours service is rated as good for providing effective patient care and treatment. Patients' care and treatment took account of guidelines issued by the National Institute for Care and Health Excellence (NICE). Patients' needs were assessed and care was planned and delivered in line with current legislation and guidelines for providing unscheduled (out of hours) care. Staff received training and supervision appropriate to their roles and the provider supported and encouraged their continued learning and development.

Are services caring?

Good

The out-of-hours service is rated as good for providing caring services. Patients told us they were treated with compassion, dignity and respect and they were involved in their care and treatment decisions. Easy to understand information was provided to help patients understand the care available to them. We saw that staff treated patients with kindness and respect and were aware of the importance of confidentiality.

Are services responsive to people's needs?

Good

The out-of-hours service is rated as good for providing responsive patient care and treatment. It was aware of and reviewed the needs of its local population and engaged with the NHS Area Team and Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients we spoke with said they were happy with the service provided and the out-of-hours service had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand. We saw the out-of-hours service responded quickly to issues raised. Learning from complaints was shared with staff and used to make improvements when appropriate.

Summary of findings

Are services well-led?

Good

The out-of-hours service is rated as good for being well-led. There was a clear leadership structure although staff did not always feel supported by senior management. The provider had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk that has recently been implemented.

Summary of findings

What people who use the service say

We gathered the views of patients from the out-of-hours service by speaking in person with eight patients.

All of the patients we spoke with were complimentary about North Nottinghamshire Out of Hours. Patients said they were offered an appointment when needed. They told us they received a telephone call from the service within the agreed time scale and had been offered an appointment. Patients told us GPs and nurses were professional and courteous at all times. At the sites we visited as part of this inspection, we saw appointments to see a GP were running to time.

North Nottinghamshire Out of Hours

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The inspection team also included a CQC Inspection Manager, two further CQC Inspectors, two GP specialist advisors and an advanced nurse practitioner.

Background to North Nottinghamshire Out of Hours

North Nottinghamshire Out of Hours provides out-of-hours primary medical services across North Nottinghamshire when GP practices are closed. The area covered incorporates Mansfield, Ashfield, Newark and Sherwood Areas. Newark and Sherwood CCG is the lead CCG for the provider.

The out-of-hours service is provided across two locations, Primary Care 24 at Mansfield and Newark Hospital, Newark. The administrative base for North Nottinghamshire Out of Hours is located at CNCS' headquarters in Mansfield. Most patients access the out-of-hours service via the NHS 111 telephone service. Patients may be seen by a clinician, receive a telephone consultation or a home visit, depending on their needs. Patients can also access the locations as a walk-in patient or be referred from the hospital accident and emergency departments or urgent care centre.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. The provider had been inspected previously under the CQC's old methodology.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Please note that when referring to information throughout this report, this relates to the most recent information available to the CQC at that time.

How we carried out this inspection

Before this inspection, we reviewed a range of information we held about North Nottinghamshire Out of Hours and asked other organisations to share what they knew.

We carried out an unannounced inspection outside standard working hours on 17 April 2015. This included the sites at Primary Care 24 and Newark Hospital. During the inspection we spoke with a range of staff. We also spoke with eight patients.

Detailed findings

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?

Good

Are services safe?

Summary of findings

The out-of-hours service is rated as good for providing safe patient care and treatment. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The out-of-hours service provided opportunities for the staff team to learn from significant events and was committed to providing a safe service. Information about safety was recorded, monitored, appropriately reviewed and addressed. The out-of-hours service assessed risks to patients and managed these well. There were enough staff to keep patients safe.

Our findings

Safe track record

The out-of-hours service used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses. We saw that twice daily calls to the location from the executive team had recently been implemented to discuss any issues or breaches. This had been implemented following an inspection at another out of hours service operated by the provider.

Learning and improvement from safety incidents

The out-of-hours service had systems in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last 12 months and we were able to review these. Staff, including receptionists, administrators and nursing staff knew how to raise an issue for consideration. The systems had been implemented in a more robust fashion recently.

Reliable safety systems and processes including safeguarding

The out-of-hours service had systems to manage and review risks to vulnerable children, young people and adults. This included safeguarding policies for adults and children. Staff knew how to access these policies. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details for relevant agencies were easily available to staff and staff knew how to access this information. We were shown examples of two safeguarding concerns for adults and children. The out-of-hours service had correctly identified these and took all the necessary appropriate action.

We looked at training records which showed that most staff had received relevant role specific training on safeguarding.

Good

Are services safe?

Not all GP records we checked showed evidence of up to date safeguarding training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children.

There was a system in place to highlight potentially vulnerable patients and for receiving information from other services for adults who were at risk or when a protection plan was in place for a child. Staff told us about the system to deal with occasions when a GP was unable to make telephone contact with a patient. This included a check with the NHS 111 service to ensure they had the correct contact details for the patient and when appropriate, for example, if a patient was considered to be at risk, a visit was made to the patient's home.

There was a chaperone policy in place. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.). On visits to patients' homes, drivers acted as chaperones. Drivers had been checked with the Disclosure and Barring Service (DBS). These were checks to 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 vulnerable people or children.

Medicines management

The out-of-hours service had appropriate systems in place regarding the management, safe storage and checking of medicines used to treat patients, which also involved regularly audits and checks carried out by pharmacists from Kings Mill Hospital. Medicines controlled under the Misuse of Drugs Act 1971, such as strong painkillers were stored in an appropriate secure way and were properly accounted for to ensure they were not misused. We saw that medicines available were regularly checked and monitored to ensure sufficient stocks were held and they had not exceeded the expiry date recommended by the manufacturer to ensure their effectiveness. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the out-of-hours service and kept securely at all times.

Cleanliness and infection control

We observed the sites inspected to be visibly clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. They included the safe use and disposal of sharps; use of personal protective equipment (PPE); spills of blood and bodily fluid amongst others.

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

There were arrangements in place for the safe disposal of clinical waste and sharps, such as needles and blades. We saw evidence that their disposal was arranged through a suitable company.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. Medical equipment included blood pressure monitoring devices and emergency equipment such as an automatic external defibrillator (used to restart a person's heart in a cardiac emergency). Staff told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs.

The vast majority of portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. We did see some equipment that did not display stickers showing the last testing date, however this appeared to be an oversight from the company carrying out this work as other evidence showed it had been done. A schedule of testing was in place.

Staffing & Recruitment

We were shown how the out-of-hours service ensured there were sufficient numbers of suitably qualified, skilled and experienced staff on duty each day at each location. There was a staff rota throughout the week which covered all locations run by North Nottinghamshire Out of Hours.

There was a procedure for recruiting new staff to ensure they were suitable to work in an out-of-hours environment with a recruitment policy which set out the standards required for clinical and non-clinical staff. The policy

Good

Are services safe?

detailed all the pre-employment checks to be undertaken on a successful applicant before that person could start work in the service. This included identification, references and a criminal record check with the Disclosure and Barring Service (DBS). These were checks to 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 vulnerable people or children.

We checked the records of eight clinical staff and found the appropriate checks had been carried out, including registration with appropriate professional bodies, including the General Medical Council (GMC) for GPs. Memberships of professional bodies were checked. It was also ensured that GPs were included on the performer's list. All staff undertook a period of induction when new to the out-of-hours service. This enabled them to settle into their new role and become familiar with relevant policies and procedures.

We were shown the business continuity plan which had been developed by the out-of-hours service advising what to do should there be an shortage of GPs and staff due to sickness. This included arrangements for using locum GPs. This would help to ensure sufficient availability of GPs to continue the primary care service provision to patients.

Monitoring safety and responding to risk

The provider had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the locations. This included emergency risk assessments in place for children, patients who arrived without an appointment, non-arrival of patients, regular checks of the building, medicines management, staffing, dealing with emergencies and equipment. These processes had recently been made more robust with the addition of twice daily calls to the service from the executive team.

The provider also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative who had received appropriate training for the role.

Identified risks were included on a risk log. Each risk was assessed and rated and actions recorded to reduce and manage the risk. We saw that any risks were discussed during staff meetings. For example, operational difficulties with the NHS 111 service that had an impact on patients.

Arrangements to deal with emergencies and major incidents

The out-of-hours service had arrangements in place to manage emergencies. Records showed that staff had received training in basic life support. Emergency equipment was available including oxygen and an automated external defibrillator (AED). This is a portable electronic device that analysed life threatening irregularities of the heart including ventricular fibrillation and was able to deliver an electrical shock to attempt to restore a normal heart rhythm. When we asked members of staff, they all confirmed they had been shown the location of this equipment and records confirmed that it was checked regularly. Emergency medicines were available in a secure area of the out-of-hours service and all staff knew of their location. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use. Emergency equipment was also available in cars used to transport GPs on home visits, including oxygen and an AED. Staff had received training in cardiopulmonary resuscitation (CPR). This is a first aid technique that can be used if someone is not breathing properly or if their heart has stopped.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the out-of-hours service. This identified the responsibilities of key members of staff in identifying and managing the risks to the provision of the out-of-hours service. Risks identified included risks to patients.

Good

Are services effective?

(for example, treatment is effective)

Summary of findings

The out-of-hours service is rated as good for providing effective patient care and treatment. Patients' care and treatment took account of guidelines issued by the National Institute for Care and Health Excellence (NICE). Patients' needs were assessed and care was planned and delivered in line with current legislation and guidelines for providing unscheduled (out of hours) care. Staff received training and supervision appropriate to their roles and the provider supported and encouraged their continued learning and development.

Our findings

Effective needs assessment, care & treatment in line with standards

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual needs and preferences. Staff followed guidelines issued by the National Institute for Health and Care Excellence (NICE) – the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. We were shown how new guidance was regularly reviewed and highlighted to staff during staff meetings and were shown records of meetings that demonstrated revised guidelines were identified (for example with the treatment of children with a fever) and staff were trained appropriately. This ensured patients received safe care and treatment in line with current guidelines. GPs we spoke with were able to outline their rationale for care and staff demonstrated they were fully aware of current best practice guidelines.

We saw that on the whole, North Nottinghamshire Out of Hours were meeting or close to meeting national quality requirements for out of hours.

Management, monitoring and improving outcomes for people

Systems were being implemented to strengthen the arrangements in place for clinical audit.

Effective staffing

The out-of-hours service employed staff who had the appropriate skills and training to perform their required duties. This included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that staff were up to date with attending courses such as annual basic life support and safeguarding.

Staffing levels were regularly reviewed to ensure appropriate staff with appropriate skills were on duty during each shift to meet the demands of patients. Use of locum GPs and nursing staff was managed through a service level agreement with the appropriate staffing agencies. We were shown how this was monitored and any concerns were raised with the relevant agency. GPs had clearly defined roles for carrying out face to face

Good

Are services effective?

(for example, treatment is effective)

consultations (both at the out-of-hours locations and in patients' homes) and also telephone consultations. Clinical staff working in the out-of-hours locations were supported by reception and administrative staff.

Working with colleagues and other services

The out-of-hours service worked with other healthcare organisations. This included the NHS 111 service and locally based district nursing teams. As the Primary Care 24 location was close to the Kings Mill Hospital accident and emergency department, patients were able to receive co-ordinated care and treatment which depended on their individual needs. The out-of-hours service had appointments reserved for patients to be referred from accident and emergency, which meant less urgent cases could be handled by the out-of-hours service. This could be used to reduce pressure on the accident and emergency department at busy times.

Management staff told us they had regular discussions with other local out-of-hours providers to identify concerns.

The executive team held 'visit' days at each of the sites operated by the provider. Staff told us that they felt the executive team were distant and did not communicate well. Staff felt that they were not listened to.

Information sharing

The out-of-hours service had systems in place to ensure staff were provided with information they needed. An electronic patient record system was used to document, record and manage care. There was a system for communication carried by GPs whilst on home visits to ensure relevant information was available when required.

The out-of-hours service used an electronic system to communicate with other providers. For example, the local district nursing teams. Following patient consultations, each patient's GP received an update by 8am the next day, in line with out-of-hours guidelines.

Consent to care and treatment

There were processes to obtain, record and review consent decisions obtained within the out-of-hours service. This included verbal and implied consent. Clinical staff we spoke with demonstrated a clear understanding of the importance of determining if a child was Gillick competent especially when providing contraceptive advice and treatment. A Gillick competent child is a child under 16 who has the legal capacity to consent to care and treatment. They are capable of understanding the implications of the proposed treatment, including the risks and alternative options.

Staff we spoke with had an understanding of the Mental Capacity Act 2005 and demonstrated knowledge regarding best interest decisions for patients who lacked capacity. Mental capacity is the ability to make an informed decision based on understanding a given situation, the options available and the consequences of the decision. People may lose the capacity to make some decisions through illness or disability.

The provider used an interpretation service to ensure patients understood procedures if their first language was not English. This was included within the appropriate policies, along with sign language.

Good

Are services caring?

Summary of findings

The out-of-hours service is rated as good for providing caring services. Patients told us they were treated with compassion, dignity and respect and they were involved in their care and treatment decisions. Easy to understand information was provided to help patients understand the care available to them. We saw that staff treated patients with kindness and respect and were aware of the importance of confidentiality.

Our findings

Respect, Dignity, Compassion & Empathy

We obtained the views of patients who used the out-of-hours service and spoke with eight patients. All patients we spoke with were complimentary about the service. Patients told us they were treated with dignity and respect by all members of staff. During our inspection we observed within the reception area how staff and patients interacted with each other, in person and over the telephone. Staff were helpful, polite and understanding towards patients.

Staff we spoke with were aware of the relevant policies for respecting patients' confidentiality, dignity and privacy. Reception staff told us how patients could be seen in a private room if they wished to have a private conversation with a receptionist.

Care planning and involvement in decisions about care and treatment

We looked at patient choice and involvement. GPs explained how patients were informed before their treatment started and how they determined what support was required for patients' individual needs. Patients we spoke with told us they felt informed about and involved with their care. GPs described treating patients with consideration and respect and said they kept patients fully informed during their consultations and subsequent investigations. Patients we spoke with confirmed this and told us decisions were clearly explained and options discussed when available. Patients had the information and support available to them to enable them to make an informed decision about their care and treatment needs.

A system of 'comfort calling' patients was in place to ensure patient welfare if the GP was going to be delayed for a home visit.

For patients who did have English as a first language, a translation service was available if required and language cards were available on the wall by reception desks to assist with communication.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The out-of-hours service is rated as good for providing responsive patient care and treatment. It was aware of and reviewed the needs of its local population and engaged with the NHS Area Team and Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients we spoke with said they were happy with the service provided and the out-of-hours service had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand. We saw the out-of-hours service responded quickly to issues raised. Learning from complaints was shared with staff and used to make improvements when appropriate.

Our findings

Responding to and meeting people's needs

The out-of-hours service was responsive to patients' needs and had appropriate systems in place to maintain the level of service provided. There are National Quality Requirements (NQRs) produced by the Department of Health that out-of-hours providers are required to comply with to ensure services are safe, clinically effective and responsive. NQRs include arrangements for managing periods of peak demand. They are measured by auditing response times for initial telephone calls and both telephone and face to face consultations, waiting times and appointments. We saw the out-of-hours service monitored these on a daily basis. We looked at performance data for the last 12 months and saw the out-of-hours service had mostly met these during that time. The service level agreement with the NHS 111 service was monitored to ensure the out-of-hours service responded promptly to demands placed upon the service by referrals made by NHS 111.

Within the out-of-hours location, the service prioritised children and potentially vulnerable people to ensure they received appropriate care and treatment in a timely way.

Tackling inequity and promoting equality

The out-of-hours service understood and responded to the needs of patients with diverse needs and those from different ethnic backgrounds. For patients who did not have English as a first language, a translation service was available if required and language cards were available on the wall by reception desks. The out-of-hours service had an induction loop to assist people who used hearing aids and staff could also take patients into a quieter private room to aid the discussion if required. The building was fully wheelchair accessible apart from the main entrance door which was not automatic; however staff could assist a patient who experienced difficulty.

Access to the service

Patients were primarily referred to the out-of-hours service by the NHS 111 service and were then allocated an appointment time during their telephone consultation. Appointments for face to face and telephone consultations were prioritised according to the clinical needs of each

Good

Are services responsive to people's needs?

(for example, to feedback?)

patient. During our inspection, we saw appointments ran to time and patients were promptly seen. Staff told us patients would not be turned away if they walked into the service without an appointment.

Listening and learning from concerns & complaints

The out-of-hours service had a system in place for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for out-of-hours services and GPs in England. There were designated responsible people who handled both clinical and non-clinical complaints in the service. We were shown how patients' concerns were listened to and acted upon. There was information about how to complain displayed in the waiting areas. All of the patients we spoke with said they had never had to raise a formal complaint. The complaints procedure identified how complaints would be dealt with. It also identified the timescales for responding to and dealing with complaints.

We did see that the complaint's team at the providers head office were in a process of improving and updating their complaints procedure. We saw that they were working through the complaints records and filing them appropriately following a move of the head office. Staff we spoke with acknowledged there was a significant amount of work to be done still, however were positive about managing the workload. We were also informed that the provider would be implementing a new computer system which would improve their complaints handling procedure.

Are services well-led?

Good

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

Summary of findings

The out-of-hours service is rated as good for being well-led. There was a clear leadership structure although staff did not always feel supported by senior management. The provider had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk that has recently been implemented.

Our findings

Vision and Strategy

The out-of-hours service had a clear vision and strategy to deliver out-of-hours care. Staff we spoke with during our inspection knew what their responsibilities were in relation to patients but did not feel part of the future vision and strategy. Staff told us they felt the future strategy was being imposed rather than being consulted.

Governance Arrangements

Key staff all had lead roles and specific areas of interest and expertise. This included governance with clearly defined lead management roles and responsibilities, safeguarding, infection control and complaints. During the inspection we found that all members of the team we spoke with understood these roles and responsibilities.

The provider held meetings with clinical staff.

Leadership, openness and transparency

The out-of-hours service had a clear management structure with clearly identified lines of accountability for clinical and non-clinical staff. Management staff told us that as staff operated from different locations and out of hours attendance at staff meetings was an issue at times. To facilitate this, road shows were implemented where senior management would visit different locations. Staff told us they felt able to raise concerns with their immediate managers but did not feel comfortable raising concerns with the executive team as they felt they were not listened to.

Management lead through learning & improvement

We saw evidence the out-of-hours service was implementing management systems which would facilitate learning and improved performance. Management systems demonstrated the service sought to learn, improve patients' experience and deliver high quality care. The Chief Executive told us of the five year strategy that was in place which had been implemented after he started working with the provider. The strategy was still in its first year and was implementing new systems and structures to ensure the organisation had the resilience in the future.