

Preston Primary Care Centre Ltd

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.

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Overall summary

Preston Primary Care Centre Limited (PPCC) is registered with the Care Quality Commission (CQC), to provide 'Out-of-hours' (OOH) services. Patients are referred to

PPCC via the GP practices answering service which gives the phone number for the service to their patients. Alternatively it is accessed via an A&E diversion process

Summary of findings

that is in place with Royal Preston Hospital, whereby patients attending A&E who could be appropriately managed by a GP service are transferred to PPCC for their care needs.

PPCC are registered to deliver the following activities; family planning, treatment for disease, disorder and injury, diagnostic and screening services and transport services, triage and medical advice.

There are effective systems in place to ensure the service could be delivered to the widest range of patients with varying levels of need. There is good collaborative working between the provider and other healthcare and social care agencies which ensure patients receive the best outcomes in the shortest possible time.

The staff are caring, responsive to the needs of patients and considered care and treatment in line with best practice guidelines.

There are some areas for improvement including: reviewing policies on a regular basis, reviewing systems for monitoring expiry dates of drugs and emergency equipment in an auditable manner. Risk assessments for drugs stored in the emergency cars used by GPs for home visits are needed, recording of serial numbers on blank prescription sheets once allocated to GPs and to formalise clinical supervision sessions for all nurses.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice was safe overall however improvement was needed in some areas. Systems were in place to provide an oversight of the safety of the patients and the environment. Systems were in place to investigate and learn from incidents that occurred within the service.

Staff took action to safeguard patients and when appropriate were aware of the process to make safeguarding referrals.

Improvement was needed in the safe management of medicines.

Are services effective?

The service was effective in meeting patient needs.

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

Staff ensured that patient's consent to treatment was obtained and recorded appropriately.

Processes were in place to monitor and support staff performance within the service however improvement was needed with regard to formal recorded clinical supervision for nurses.

Are services caring?

The service was caring. The patients we spoke with during our inspection and the one person, who responded on our comment cards, were very complimentary about the service.

We saw examples of good interaction between patients and staff and noted that staff treated patients with respect and kindness and protected their dignity and confidentiality.

Patients told us the staff were kind and compassionate and they were treated with dignity and respect.

Are services responsive to people's needs?

The service was responsive. PPCC had an effective system to ensure that, where needed, GP's could provide a consultation in patients' homes.

There was a comprehensive complaints system and we saw that any learning from complaints was shared with staff.

Summary of findings

Patient satisfaction surveys completed within the last 12 months demonstrated patients felt the service responded to their needs in an appropriate manner.

There was collaborative working between the provider and the local NHS Trust to help ensure patients received the best care and outcomes in the shortest possible time.

Are services well-led?

The service was well led. There was a strong and stable management structure. The senior management were an integral part of the staff team. The service had recently employed a new business manager who would assist in the day to day running of the service.

Staff told us they worked for a supportive and progressive organisation.

There was a clear commitment to learn from complaints and incidents. The service demonstrated an open approach to these issues and informed staff of any learning required, both clinical and general.

Summary of findings

What people who use the service say

We spoke with 13 patients and received one completed Care Quality Commission comment card. Patient's comments related to the ease of access to the service. Positive comments including access via the A&E diversion processes the friendliness of all the staff and the professionalism of the doctors and nurses.

We spoke with patients who accessed the service via the telephone triage system, A&E diversion and one walk in patient, including a number of parents who were attending with their children. Patients we spoke with who had accessed the service via the A&E diversion scheme gave positive comments about the timely service they received, compared to the long waits often experienced in A&E.

All patients were very complimentary about the care provided by the clinical staff and the positive and friendly atmosphere fostered by all staff. They told us they found the doctors and nurses to be professional and knowledgeable about their treatment and care needs.

Patients said the telephone triage system was very supportive, and that they were given appropriate information if the condition worsened to allow them to decide if they needed to contact the service again. One parent told us she had spoken to the nurse, had been given advice to follow and then was called back an hour later to check on the child's progress.

Some patients told us using the OOHs service was their service of choice as they could not get appointments with their usual GP, to fit with their life style commitments.

The 402 patient questionnaires sent out by the service during 2013 demonstrated patients were on the whole extremely satisfied with the care they received in the service. Only two patients from all the patients', who returned questionnaires during 2013, returned a poor score for their care. We saw there had been a 62% return rate on questionnaires sent out to the public following their treatment, from this 52.5% of patients returned an excellent score.

Areas for improvement

Action the service SHOULD take to improve

- There was no evidence of reviewing policies on a regular basis.
- There was no auditable system for reviewing and monitoring expiry dates of drugs and emergency equipment or for the recording of serial numbers on blank prescription pads once allocated to GPs.
- The safe storage of drugs required for use by GPs on home visits was not fully risk assessed.
- There was no formal process in place to enable the nursing team to access clinical supervision on a regular basis.

Outstanding practice

PPCC operated an A&E diversion system in collaboration with the local NHS Trust. Patients attending A&E who could be appropriately managed by a GP service were

transferred to PPCC for care and treatment. The service had demonstrated they were able to safely address the specific needs of 40% of patients initially attending A&E at The Royal Preston Hospital.

Preston Primary Care Centre Ltd

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP and the team included CQC specialist advisor and an expert by experience.

Background to Preston Primary Care Centre Ltd

PPCC provides an out-of-hours (OOH) General Practitioner (GP) service for around 250,000 people living within the Preston and Fylde and Wyre area. The service is provided from the primary care centre based adjacent to the NHS A&E department at The Royal Preston Hospital (RPH).

The service operates whenever GP surgeries are closed. This is weekdays between 18:30hrs and 08:00hrs and 24 hours a day at weekends and public holidays.

Patients are redirected to the service via their GP practice answering service or via the A&E diversion process from RPH A&E department. The service also offers adhoc walk in assistance but these patients are subject to longer waits for treatment during busy periods within the centre.

PPCC statistics suggest they can successfully divert and treat 40% of all patients presenting at RPH A&E with minor ailments.

Preston is deemed to be the 59th most deprived area of 326 local authorities and has a 19.9% population from non-white minority groups which is higher than the national average. The Preston area has an estimated 5900

children living in poverty and the life expectancy for both male and females are significantly below the national average. Areas of concern in the local area include lung cancer, digestive disease, and respiratory disease alongside other cancer concerns. In the surrounding area there is a significantly higher rate of 'all deaths' occurring in hospital in comparison with the national average. The Preston area is a nationally recognised outlier for drug and alcohol abuse and is currently working with NHS England to address this issue with additional services.

PPCC currently has 59 GPs working a variety of hours across the operating hours of the service supported by two full time and 13 part time nurses alongside a management / administration team.

PPCC work closely with the North West Ambulance Service (NWAS) to offer advice on non-serious care matters and provide home visits to patients assessed by NWAS to require this service. PPCC also operate a seven day Deep Vein Thrombosis (DVT) clinic to assist patients with early diagnosis and management of their condition. This service included point of care testing and management of the medication required for their treatment.

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward.

Detailed findings

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1st September 2014.

During our visit we spoke with a range of staff including directors, managers, GPs, nurses and administration staff and spoke with 13 patients/ family members of patients who used the service. We observed how people were being cared for and talked with carers and/or family members.

We reviewed the CQC comment card where patients and members of the public shared their views and experiences of the service.

We saw how staff handled patient information received from the A&E diversion scheme and patients ringing into the service.

We reviewed with GPs how they got support, if required, with clinical decisions. We reviewed a variety of documents used by the service to deliver the service.

Are services safe?

Our findings

The practice was safe overall however improvement was needed in some areas. Systems were in place to provide an oversight of the safety of the patients and the environment. Systems were in place to investigate and learn from incidents that occurred within the service.

Staff took action to safeguard patients and when appropriate were aware of the process to make safeguarding referrals.

Improvement was needed in the safe management of medicines.

Safe Track Record

The service had systems in place to monitor all aspects of patient safety. Information from our own CQC systems and the Greater Preston CCG indicated the service was appropriately identifying and reporting incidents.

There were comprehensive policies and protocols in place to support patient safety whilst receiving care and treatment in the service.

Complaints were fully investigated and discussed at the directors monthly meetings. These complaints were then shared with all staff either via email or face to face where possible.

There were formal systems in place for staff to access information regarding any safety

Alerts, such as medical devices. This was provided by the CCG and shared via email with all staff.

The service had an up to date risk register to ensure all staff were aware of any risks associated with providing their service, this included risks associated with staff working after 11pm at night.

Accidents and incidents were appropriately recorded and investigated.

Learning and improvement from safety incidents

The service had a system in place for reporting, recording and monitoring significant events.

The clinical staff we spoke with discussed the action they and the non-clinical staff took to ensure systems and their practices improved as a result of the subsequent analysis.

We found improvement had occurred following incidents reported within the service. The surgery had a comprehensive process for reviewing and actioning safety alerts and we were able to discuss with the GP's the latest alerts and how the practice had addressed and recorded their actions from these alerts.

Reliable safety systems and processes including safeguarding

Staff we spoke with demonstrated an understanding of safeguarding patients from abuse and the actions to take should they suspect anyone was at risk of harm.

There were policies and procedures in place to support staff in recognising and reporting safeguarding concerns to the appropriate individual within the service and within the local safeguarding team. Safeguarding team contact numbers and locations were available throughout the service for staff to access. This ensured staff had appropriate information should they wish to raise a concern.

Staff had received appropriate training in safeguarding adults and child protection. All GPs working at the practice were trained to level 3 for safeguarding adults and children with nurses trained to level 2 and all other staff trained to level 1.

There was information regarding chaperones being available for patients displayed in all consulting rooms and we saw records to demonstrate all staff who were required to act as a chaperone for patients attending the service had undergone chaperone training.

Staff had appropriate guidance in relation to the Mental Capacity Act 2005 to ensure that patients who could not give consent were safeguarded against care and treatment provided against their will or understanding.

Monitoring Safety & Responding to Risk

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

The GPs had lead roles such as medicine lead and infection control lead. Each of the clinical leads had systems in place for monitoring their areas of responsibility, such as routine checks to ensure staff were using the latest guidance and protocols.

We found the service ensured that the clinical staff received annual cardiopulmonary resuscitation (CPR) training and

Are services safe?

training associated with the treatment of anaphylaxis shock. Staff trained to use the defibrillator received regular update training to ensure they remained competent in its use.

The service had a nominated first aider on site who was known to all staff.

PPCC had an up to date risk register that was discussed and updated on a monthly basis at the directors meetings to ensure all risks were appropriately assessed and addressed.

There were appropriate arrangements in place to manage unexpected staff changes or shortages.

Medicines Management

Security arrangements were in place for medicines within the service. There was authorised access only to medicine storage cupboard keys and treatment rooms.

The service had well stocked medicine and equipment bags ready for doctors to take on home visits. These bags followed the national guidance for OOH's services in their content and were stored in lockable metal cases.

The contents of these medicine bags according to the local medicines policy were to be checked monthly. We found there was no formal record of this ongoing check and when we inspected the contents of the bags we found some out of date medicines. We spoke to the medicine lead for the service and the medication was immediately replaced and stored appropriately for disposal in line with the medicines policy.

We also found the same medication out of date in the emergency bag stored with the defibrillator on site. This was also replaced and stored for destruction immediately it was discovered. A checklist of each medication and its expiry date was designed and forwarded to the CQC to demonstrate the new process for checking the contents of the medication boxes in the GP car and emergency bag shortly after the inspection. There was some uncertainty with the staff we spoke with regarding who was responsibility for checking the medication bags. We discussed this with the medicines lead and the manager who assured us this would be made clear to all staff.

We looked at the storage of medication for use on home visits in the service car. We found the dedicated bags were left in the car at all times, other than when the contents were being checked or restocked. We discussed with the

medication lead GP how he could be assured the medication was not compromised by the fluctuation in temperature throughout the changing seasons, especially in summer and winter. He informed us that the storage temperatures of all medicines in the bags according to manufacturer's recommendation were suitable up to temperatures between 25 and 30 degrees before being compromised. The car needs to be fully equipped and ready for use when the service is operational (which is Monday to Friday 1830-0800 and from Friday 1830 until Monday 0800) The service did not have a current risk assessment to demonstrate they had assessed this.

Clear records were kept whenever any medicines were used, both within the service and on home visits. We gained assurance that medicines administered or prescribed were fully recorded in the patient's records for future reference.

Arrangements for the storage and recording of controlled drugs were followed. The records showed the controlled drugs were stored, recorded and checked appropriately. Medicine fridge temperatures were checked and recorded daily.

We checked the security and safe storage of prescription pads. We found an adequate process for signing the prescription pads into the service but there was no monitoring of prescription pads that were taken for use by the GPs. In order to minimise risk of misappropriation of these prescription pads, we highlighted to the service recent guidance from NHS Protect regarding security and safety of these forms. Staff assured us this process would be followed and the process would be included in the medicines management policy.

Cleanliness & Infection Control

We observed all areas of the service to be clean, tidy and adequately maintained.

We were shown the infection prevention and control policy (IPC) for the practice which had an identified IPC lead person. We were told and saw evidence staff had completed training in IPC to ensure they were up to date in all relevant areas. Cleaning support was provided by the NHS Trust and audits were carried out in line with the Trust protocols.

Are services safe?

Aprons and gloves were available in all treatment areas as was hand sanitizer. All treatment areas had hard floor covering and this was appropriately sealed to reflect IPC guidance.

The service had access to spillage kits to enable staff to appropriately and effectively deal with any spillage of body fluids. However there were no spillage kits available in the home visit car.

Sharps bins were appropriately located and labelled within the service but the sharps bin label in the home visit car was not fully completed.

A needle stick injury policy was in place, which outlined what staff should do and who to contact if they suffered a needle stick injury.

Staffing & Recruitment

PPCC had an effective recruitment policy and process in place however staffing within the practice was static and most staff had been employed for a number of years.

We looked at 14 staff files and found them to be comprehensive and well maintained. They contained appropriate curriculum vitae and references for the person to be employed. All appropriate checks were carried out before the staff member started working within the service. Some clinical staff did not have recent criminal records bureau / disclosure and barring checks (CRB/DBS) in their files but the senior manager assured us these had been completed for staff members in substantive posts and they were awaiting the details. As all bank staff held posts within GP practices within the CCG area, it had been agreed to use the same CRB/DBS clearances across both roles.

The senior manager checked as a routine part of the quality assurance and clinical governance processes, the General Medical Council (GMC) and Nursing Midwifery Council (NMC) registration lists each year, to make sure the clinical staff at the practice were appropriately listed on their applicable register.

PPCC did not use locum GPs on a regular basis but did have a core group of GPs through a locum agency, if they needed support. We were shown the locum GP induction package used should these GPs be required.

Dealing with Emergencies

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

PPCC was part of The Royal Preston Hospital Major Incident plan where they could be called upon to assist the Trust to deliver efficient care during a major incident that may cause disruption to the whole of the hospital service.

Staff were trained to a minimum of basic life support to support patients who had an emergency care need. The service was supported in the event of a patient requiring emergency care by the Trust emergency response team who would assist as required at all emergencies..

Staff knew what to do in event of an emergency evacuation and PPCC staff were aware of which staff member was the fire marshal on the day of the visit and who was responsible for health and safety. Staff were also aware which member of staff was the first aider.

Emergency equipment was available for staff to access in an emergency however we found that some medication and airway management equipment was out of date in the emergency bag, this was replaced immediately and appropriately placed for destruction during the inspection. We were informed by the service that they had purchased a new, fully equipped emergency bag following our inspection.

Equipment

Emergency equipment including a defibrillator and oxygen was readily available for use in a medical emergency both on site and within the GPs home visit car. There was no signage to suggest that oxygen was being carried in the home visit car; however this is not mandatory due to the size of the cylinder, but is good practice. We found there was a dry powder fire extinguisher in the car for emergency use.

We did not find a formal checking process for the emergency equipment and even though it was indicated in the job descriptions of the nursing team they appeared to be unaware of this responsibility. Upon checking the emergency equipment we found airways still within sealed packets but were out of date. These were immediately replaced by staff.

Are services safe?

A maintenance log of clinical/emergency equipment was in place. We saw that all of the equipment had been tested and the service had contracts in place for portable appliance tests (PAT) with the NHS Trust.

Are services effective?

(for example, treatment is effective)

Our findings

The service was effective in meeting patient needs.

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

Staff ensured that patient's consent to treatment was obtained and recorded appropriately.

Processes were in place to monitor and support staff performance within the service however improvement was needed with regard to formal recorded clinical supervision for nurses.

Effective needs assessment, care & treatment in line with standards

PPCC provides a service for all age groups. GPs were recruited from the local area and had an awareness of the needs of the local community and the facilities available to support these needs.

Each GP director had an area of responsibility; for example one GP was the lead for Deep Vein Thrombosis and advised and supported others as required.

From our discussions we found that the GPs were aware of how to locate best practice guidelines and they were able to describe how they incorporated National Institute for Health and Care Excellence (NICE) guidance into their day-to-day practices.

PPCC had a comprehensive consent policy to assist GPs to ensure that consent was gained and recorded in line with national guidelines. GPs we spoke with identified differences between implied and informed consent and when each would be used whilst treating their patients. Patients requiring assistance under the Mental Capacity Act 2005 were supported as required by the NHS Mental Health crisis team and local social workers, who worked closely with the PPCC team.

GPs were able to discuss with us when they would need to apply Gillick Competency guidance to assist them to treat patients under the age of 18, to determine their understanding of consenting to any proposed treatment.

Management, monitoring and improving outcomes for people

Patients we spoke with and the comments we received demonstrated that they were extremely satisfied with the care and treatment received from the doctors and nurse at the service.

All records for patients attending PPCC were sent to their own GP electronically by 8am the following day. This ensured that GPs were aware of their patient's attendance at the OOHs service and any tests carried out. For patients who did not have a local GP the manager would search weekly for these patients on an electronic system, which allowed them to trace the patients last known GP across the country. The records were then forwarded directly to the appropriate GP.

The directors of the service had a variety of mechanisms in place to monitor the performance of the service and to ensure the clinician's adherence with best practice. We spoke with GPs about how they received updates relating to best practise or safety alerts they needed to be aware of. The GPs advised us that these were shared with them through the email system and they received reminders about these updates from the CCG.

Staff said they could openly raise and share concerns about clinical performance. Triage calls assessed by nursing staff were audited on a quarterly basis and the detailed results were shared with the nurses in a formal and informal manner. Nurses received written feedback if their performance had highlighted any issues and an action plan to improve their performance was formatted.

Two GP directors audited GP records on a quarterly basis for accuracy and content, Once recorded they were cross checked to ensure consistency and to benchmark practice across the service.

Staff meetings were difficult to organise within the service due to their working hours of staff and the service requirements. All staff were updated by email and had access to a virtual forum where they could detail their concerns and discuss issues, these would be addressed and feedback on the same forum at the earliest opportunity.

There are National Quality Requirements (NQR's) for out-of-hours providers that capture data and provide a

Are services effective?

(for example, treatment is effective)

measure to demonstrate that the service is safe, clinically effective and responsive. The service is required to report on these regularly. We saw evidence that PPCC had been fully compliant to date.

Effective Staffing, equipment and facilities

The GP directors held informal one to one meetings with staff on an as needed basis, which staff found helpful and confirmed took place, but these were not documented.

All staff maintained undertook a range of mandatory training, including fire safety and safeguarding for adults and children. Clinical staff brought their training certificates from their full time jobs to verify training undertaken. Some training was available to staff via e-learning, others were in conjunction with the local NHS Trust.

Appraisals were on-going for all staff. All GPs had dates for their revalidation process and were actively working towards these dates.

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

Care and treatments were provided in a clean and well maintained environment. Equipment was in good condition and serviced as required. Staff did not raise any concerns in relation to availability of equipment.

Working with other services

The service was located adjacent to the NHS A&E department at The Royal Preston Hospital and operated an A&E diversion service. This facilitated a close working relationship between PPCC and the local NHS Trust.

As the GPs working at PPCC were from the local area they had an awareness of facilities available within the community and could refer patients as required directly into these services as they would in their own practices.

PPCC offered support to all nursing and care homes in the local region out of usual GP working hours. Home visits were offered to these services both via the triage service and also via the ambulance service. PPCC had an agreement with North West Ambulance Service (NWAS) to advice on non-serious care matters. In line with this if NWAS were called to care services or a patient's home and felt a GP could attend to the patient without transfer to hospital this would be arranged with PPCC.

PPCC had established working relationships with social workers and local mental health support teams to assist them to fully address the needs of patients attending their service. Patients requiring admission to hospital could be admitted directly from PPCC

Where patients attending PPCC needed further tests for example blood tests, these results were automatically shared with the patients GP practice electronically as they were available.

Health Promotion & Prevention

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

We found patient information was not readily available in the waiting areas of the care centre.

We discussed with the directors and found patients attending PPCC shared a waiting area with fracture clinic from the local NHS Trust for periods of time and as such it had proved difficult for PPC to display their health promotion literature in their waiting area., However information was available to patients as required from the staff and within the consulting rooms. Due to the percentage of people from ethnic groups other than British, the PPCC approached the local NHS if they needed information in other languages.

Are services caring?

Our findings

The service was caring. The patients we spoke with during our inspection and the one person, who responded on our comment cards, were very complimentary about the service.

We saw examples of good interaction between patients and staff and noted that staff treated patients with respect and kindness and protected their dignity and confidentiality.

Patients told us the staff were kind and compassionate and they were treated with dignity and respect.

Respect, Dignity Compassion & Empathy

Patients were complimentary about the service and the attitude of the staff. The staff were respectful of patients and their colleagues. They understood the need to show compassion and support to patients who were distressed, either in person or on the telephone. Staff were attentive to possible causes of concern and the need to alert medical staff if patients exhibited a change in their physical or mental health.

Information about the availability of a chaperone was displayed in all consulting rooms. Administrative staff who had completed training were called upon to chaperone patients. Staff were aware of the steps they had to take to protect the dignity of patients and GPs confirmed they recorded all chaperone activity in the patient's records whether accepted or declined.

A hearing loop was available if required within the A&E department. The service had access, through Language Line, to interpreters to assist with consultations with patients whose first language was not English.

The reception staff treated patients and those accompanying them, with respect and ensured conversations were conducted in a confidential manner. Staff dealing with incoming calls were knowledgeable about their systems and recognised when an issue raised by the caller was an emergency.

Involvement in decisions and consent.

Clinical staff followed General Medical Council guidance on obtaining consent and involving patients in decisions about their care and treatment. The consent policy included clear guidance for staff about their responsibilities to obtain consent, including from children and the right of patients to withdraw their consent. Patients were supported to understand their diagnosis. They were involved in planning their care and were supported to make decisions about their treatment. The service understood issues relating to confidentiality and did not exclude carers from being given appropriate information.

GPs we spoke with informed us they were aware of the requirements of the Mental Capacity Act 2005 and the Children Act 1989 and 2004. They told us they would use capacity assessments and Gillick competency assessment of children and young people, which check whether children and young people have the maturity to make decisions about their care as required. We were assured these decisions and assessments were fully recorded within the patient's records.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The service was responsive. PPCC had an effective system to ensure that, where needed, GP's could provide a consultation in patients' homes.

There was a transparent complaints system and we saw that any learning from those complaints was shared with staff.

Patient satisfaction surveys completed within the last 12 months demonstrated patients felt the service responded to their needs in an appropriate manner.

There was excellent collaborative working between the provider and the local NHS Trust to help ensure patients received the best care and outcomes in the shortest possible time.

Responding to people's needs

We found the service had an effective system to ensure, where needed, GPs could provide a consultation in patients' homes.

The senior management team at the service met with representatives of the clinical commissioning group (CCG) regularly to discuss performance and capacity. PPCC was accessible to patients with mobility difficulties. Access to some of the consulting rooms was limited but staff assured us they would assist patients as required with their access requirements.

There was sufficient onsite car parking at PPCC which was free of charge. PPCC had negotiated with RPH that patients attending their service should not be required to pay for parking as they would not at their own GP surgery. Exit from the hospital car park was via code which was available from the receptionist on leaving the facility.

We arranged for a Care Quality Commission (CQC) comments box to be placed in the waiting area of the practice several days before our visit and one patient chose to comment. We reviewed the patient comment and they were extremely complimentary about the staff they had encountered. They commented on the ease of access, politeness and professional attitude of staff and the fact that the GP ensured they knew how to take their prescribed medicines and fully understood their diagnosis

Children attending the service were prioritised as required but in general were seen as soon as possible after arrival. Patients told us they felt this was acceptable and a mother told us they valued this.

Access to the service

Patients we spoke with thought that access to the service was effective and worked well for them. They felt they had been treated well and their needs had been fully addressed. Patients told us they felt their care had been discussed with them fully and the reason they had been advised to come into see the GP had been fully explained. One patient told us they had been given advice and had been rung back by the nurse to check on them after an hour and then had been advised to come in, they felt this had been appropriate for them.

Meeting people's needs

We spoke with staff about the management of patients with mental health issues who may be at their most vulnerable when attending the service. We were informed PPCC had access to the local NHS Trust Crisis team for Mental Health and a social worker network to support patients as required.

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

The premises were accessible for patients with limited mobility such as wheelchair users but the entrance to main consulting rooms was restricted but staff were always available to assist as required.

As PPCC was based within the local NHS hospital site they accessed the hospital emergency response system in emergency situations.

Concerns & Complaints

PPCC have a system in place for handling complaints and concerns. Their complaints policy is in line with recognised guidance and contractual obligations for GPs in England and there is a designated responsible person who handles all complaints in the practice.

We found there was no copy of the complaints process displayed in the waiting area and the management team assured us this would be rectified as soon as possible.

Are services responsive to people's needs?

(for example, to feedback?)

Patients we spoke with had no complaints about the service. We spoke with staff who were aware of the process within the service for dealing with and escalating complaints appropriately.

We were shown the recorded complaints from the last twelve months and we could see there had been some changes in practice instigated from the complaints

received. Each complaint was discussed at the directors monthly meetings and action identified to put measures in place to reduce the risk of the same type of complaint occurring again. We saw investigations into the complaints were extremely thorough and impartial. Lessons were learnt and quality improvements made.

Are services well-led?

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

Our findings

The service was well led. There was a strong and stable management structure; the registered manager, other board members and the nominated individual were very knowledgeable and were an integral part of the staff team. The service had recently employed a new business manager who would assist in the day to day running of the service.

Staff told us they worked for a supportive and progressive organisation.

There was a clear commitment to learn from complaints and incidents. The provider demonstrated an open approach to these issues and informed staff of any learning required, both clinical and general.

Leadership & Culture

Staff described the service as being patient focussed and as having a culture which promoted the delivery of quality care. Staff worked well together to meet the needs of patients. Staff were encouraged to highlight areas of concern and suggestions to improve the service via the new virtual forum.

The GPs we spoke with demonstrated an understanding of their area of responsibility and each GP clearly took an active role in ensuring that a high level of service was provided to patients. All the staff we spoke with told us they felt they worked well as a team.

Most staff worked part time hours after working during the day in other GP practice: this meant that they could not always attend staff meetings so communication was primarily by email.

The service had a shared future vision with both the NHS Trust and Greater Preston CCG to provide a 'Common front door' approach to urgent care, where PPCC was frontline in assessing patients' needs and ensuring referral to an appropriate provider in a timely manner. The directors were an integral part of this project and shared information as available with other staff.

New senior staff had been employed as part of their succession planning for staff who were due to retire. Junior GPs were being included in plans to take over key roles in

the service, once senior GPs decided to step aside. This was seen by all staff as a positive action which would ensure continuity for both patients and staff and would allow a seamless change within the service.

The Board were experienced and had diverse professional backgrounds and knowledge. All senior managers displayed high values aimed at improving the service and patient experience. They were taking positive steps to redefine their service and move forward with collaborative working to ensure their aims of the highest possible standard of patient care and satisfaction. All staff we spoke with shared the same vision for the future regarding the service and its movement into the new urgent care arena, to improve the patient journey with the right person seeing the patient at the right time in their care. There was a commitment to succeed which was displayed by all staff.

Governance Arrangements

The service manager and GPs had created comprehensive systems for governance and monitoring all aspects of the service. These were discussed at the monthly board meetings. Actions from meetings were used to plan future developments and to make improvements to the service.

Clinical staff were responsible for decisions in relation to the provision, safety and quality of care and worked with the service managers to ensure identified risks were acted upon.

We found staff felt comfortable to challenge existing arrangements and looked to continuously improve the service being offered.

The practice had a number of clinical protocols in place to ensure a systematic, current approach to care and treatments.

Systems to monitor and improve quality & improvement (leadership)

There was a strong and visible leadership team with a clear vision and purpose.

The Clinical Director and GP's provided the leadership and management structure at the practice and it was clear from the staff we spoke to they knew who to contact for specific advice and support.

The directors of the service had a variety of mechanisms in place to monitor the performance of the service and to ensure the clinician's adherence with best practice. We

Are services well-led?

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

spoke with GPs about how they received updates relating to best practise or safety alerts they needed to be aware of. The GPs advised us that these were shared with them through the email system and they received reminders about these updates from the CCG.

Patient Experience & Involvement

We received one comment card and spoke with 13 patients on the day of the inspection. Patients were from different age groups, including parents with young children, patients with different physical health care needs and those who had various levels of contact with the practice. All patients were extremely complimentary about the clinical staff and the overall friendliness and approach of the staff team. They told us they felt the doctors and nurses were competent and knowledgeable about their care and treatment needs.

The practice did not have a patient participation group (PPG) as an OOHs service. However patient satisfaction surveys were completed on a quarterly basis and results were generally positive.

Practice seeks and acts on feedback from users, public and staff

The service was able to demonstrate a number of examples when changes had been made following comments from patients and members of the public. In the absence of a patient participation group, staff actively encouraged patients to complete satisfaction surveys to gain feedback on the service provided.

Staff were able to give comments and feedback on the virtual forum or face to face with the directors on a daily basis.

Management lead through learning & improvement

PPCC had a system in place for the recording, investigation and learning from significant events, identifying any trends and any learning derived from them.

New staff received an induction programme in order to familiarise themselves with the service. This included working through the organisational policies and procedures and shadowing other members of staff.

We saw minutes of regular director governance and quality meetings with information disseminated from the monthly meetings to staff. As staff work a variety of hours it was not possible to get all staff together at one time so information was shared with staff by the management team at appropriate times.

Staff in general told us they felt the management were approachable and could be relied on to support staff when needed and they would not hesitate to discuss topics. Only one staff member raised that they felt there were no clear lines of responsibility within the service but hoped the new management structure this would address this.

Identification & Management of Risk

We saw that a health and safety risk assessment had been undertaken of the service. This clearly stated the nature of the risk and what measures had been put in place to minimise risk in the future. Where further action to minimise risk had been identified we saw that this had been actioned. However a risk assessment of the medicines carried in the call out car was not available.

We saw the risk register was updated at every governance meeting and actions taken to mitigate the risks identified. We were assured by the lead GP's all staff understood risk management and were fully involved in mitigating risk within the service.

There was a clear focus on clinical excellence and a desire to achieve the best possible outcomes for patients. The service operated an 'open culture' and actively sought feedback and engagement from staff all aimed at maintaining and improving the service.

The service had a comprehensive 'Business Continuity Plan' to assist staff to maintain the service during any unforeseen event. This plan was linked to the local NHS Trust arrangements. The service was also part of the 'Major Incident Plan', in place within the Trust to assist them to deliver continuing care during a major incident in the local area.