

MedOCC-Quayside

Quality Report

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MedOCC

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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?

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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Overall summary

We carried out an announced comprehensive inspection at MedOCC Quayside (the out of hour's service) on the 27 and 29 November and 3 December 2014. During the inspection we gathered information from a variety of sources. For example, we spoke with patients, interviewed staff of all levels and checked that the right systems and processes were in place.

Overall the out of hours service is rated as good. This is because we found the service to be good for providing safe, effective, caring and responsive services. It was also good for providing services for all patient population groups.

Our key findings were as follows:

- Access to the service was effective.
- There was a clear management structure to support and guide staff.
- There were systems to ensure patients received safe and effective care. We saw examples of how GPs and other staff had learned from complaints and incidents. A programme of continuous auditing was to assess the services quality and productivity.
- The service had good facilities and was well equipped to treat patients and meet their needs. Services were

provided in facilities which were clean and well maintained. The service had an effective infection control system to ensure that the risk of infection was minimised.

- We saw staff treated patients with dignity and respect. Patients made positive comments about staff and how they were treated. Some patients were unhappy about the length of time they had waited but were confident they would receive a good service when they were seen.
- Evidence based guidelines provided the service with clear guidance on how services should be provided. These included guidelines for the treatment of deep vein thrombosis and cellulitis and a list of conditions the service was not able to treat. This meant staff had clear protocols for treating patients which was updated to reflect changes in practice.
- The service implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients.
- Patients were provided with medicines if their need was urgent or if the pharmacies were closed.

Summary of findings

- Reception staff had received customer care training which helped them overcome some of the difficulties they experienced in open reception areas, to help ensure privacy and confidentiality.

Letter from the Chief Inspector of General Practice

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?

The service is rated as good for safe. Staff understood their roles and responsibilities to respond to medical emergencies. Patients we spoke with and those that completed comment cards said they felt safely cared for and had no concerns about their care or treatment. There were systems to ensure staff learned from significant events/incidents. Staff felt confident to raise concerns. There was a culture of openness and transparency about safety and staff understood their responsibilities to report incidents. The clinical lead informed staff about the outcomes of incidents and complaints identifying the changes required and checked these had been put in place. There were child and adult safeguarding policies and procedures. The service was clean and there were systems to minimise the risk of infection to patients, staff and other visitors to the service. The service had effective recruitment procedures to ensure that staff employed were of good character, had the skills, experience and qualifications required for the work to be performed. The service had both an emergency and business continuity plan. There were service and maintenance contracts with specialist contractors, who undertook regular safety checks and maintained specialist equipment.

Good



Are services effective?

The service is rated as good for effective. There were processes to monitor the delivery of treatment. There were processes for managing staffs' performance and professional development. Patient care was based on evidence based guidance which gave GPs and other staff clear directions about the services provided for patients. A comprehensive programme of clinical audits was undertaken and the service was benchmarked against other organisations providing similar services. There was information systems which meant patients' needs could be effectively assessed, planned and delivered. The service could access the patient's summarised notes if the patient consented. The service worked in partnership with other providers to deliver a co-ordinated service.

Good



Are services caring?

The service is rated as good for caring. Patients' needs were assessed and the care and treatment provided was discussed with patients and delivered to meet their needs. Patients spoke positively about their experiences of care and treatment at the service. Patients' privacy and dignity was respected and protected and their confidential information was managed appropriately. Staff who

Good



Summary of findings

worked for MedOCC Quayside service understood the importance of respecting patient's privacy and confidentiality. Patients told us they were involved in decision making and had the time and information to make informed decisions about their care and treatment. There were appropriate procedures for patients to provide written and verbal consent to treatment.

Are services responsive to people's needs?

The service is rated as good for responsive. The service enabled patients to voice their views and opinions in relation to the quality of the services they received. Information about how to complain was readily available to patients and other people who used the service (carers, visiting health professionals). Complaints were responded to in accordance with the service's complaints policy. The service listened and responded to issues raised by patients and improvements were made to the quality of care as a result of complaints. The service reviewed and was aware of the needs of their local population and maintained links with stakeholders to plan service requirements. The service had good facilities and was well equipped to treat patients and meet their needs. The care and treatment patients received was well co-ordinated with other services to provide continuity of care. Patients with urgent needs were confident they could access appointments and medicines. The service listened and responded to issues raised by patients and improvements were made to the quality of care as a result of complaints.

Good



Are services well-led?

The service is rated as good for well-led. There were clear lines of accountability and responsibility within the service. The service had a systematic approach to developing innovative services and worked in partnership with other organisations to provide patients with a high quality service. The management team provided open, inclusive and visible leadership to the staff. There were appropriate systems to share best service guidance, information and changes to policies and procedures with staff. The governance and performance management arrangements were well developed and updated to reflect best practice. Both patients and staff were encouraged and supported to be actively involved in the quality and monitoring of services provided, to help ensure improvements were made. There were high levels of staff engagement. Staff said they were encouraged to raise concerns and contribute ideas for improving patient care. The clinical lead was engaged in auditing aspects of the service and provided feedback from complaints and incidents which doctors and nurses found helpful. New staff received comprehensive induction training and all staff had received regular performance reviews and appraisals. Risks to the service and

Good



Summary of findings

service provision had been appropriately identified and action taken to reduce or remove the risk. The service had a systematic approach to developing innovative services and worked in partnership with other organisations to provide patients with a high quality service.

Summary of findings

What people who use the service say

We spoke with six patients and reviewed four comment cards completed by patients prior to our inspection. Patients we spoke with were generally very positive about the services they received from the service. Many felt that the GPs and nursing staff were experienced and listened to them. There were positive comments from patients who had completed comment cards. Some patients expressed dissatisfaction with the length of time they waited to be seen. They considered their dignity and privacy had been respected and that staff were polite,

friendly and caring. They told us they felt listened to and supported by staff, had sufficient time during consultations and felt safe. They said the service was clean as well as tidy.

During 2013-2014 the provider distributed 19,687 patient surveys across their services and received 4,506 responses approximately 5% of their service user population. 96% of the people who responded said they were 'likely' or 'highly likely' to recommend the service.

MedOCC-Quayside

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included two GPs, two CQC inspectors and a Practice Manager.

Background to MedOCC-Quayside

The service is commissioned by the Clinical Commissioning Group to provide out of hours consultations to patients registered with local GPs in the Medway and Swale locality. The service is provided Monday to Friday 6.30pm to 8am and 24hrs at weekends and bank holidays.

Patients accessed the service via their own GP telephone answering system which redirected them to the 111 service. Patients were triaged and prioritised by 111 services they were contacted and offered a timed appointment. There are GPs and nurses available Monday to Sunday supported by receptionists offering 15 minute appointments.

The service delivers out of hours services across the local region at four sites (MedOCC @ Medway, Medway Maritime Hospital, Gillingham, Kent. MedOCC Quayside House, Chatham, Kent. Sheppey Community Hospital, Isle of Sheppey, Kent and Sittingbourne Memorial Hospital, Sittingbourne, Kent). The premises used are either independently run or are within an NHS Trust, where the premises are shared.

MedOCC forms part of Medway Community Healthcare C.I.C. The service deals with urgent care problems when GP surgeries are closed or when they are unable to offer patients same day appointments. For example, they assess

and manage patients with cellulitis and deep vein thrombosis and act as a communication hub for messages to district nurses, health visitors, rapid response teams and other community/specialist teams. Consultations are provided on an appointment basis only. MedOCC does not offer a 'drop in' service. There are referral pathways for patients to transfer to the primary care service from Accident and Emergency (A&E) from community teams and from the 111 service. Patients may be given advice over the telephone or are seen in any of the MedOCC sites or the GP may visit someone in their own home depending on the circumstances.

The service is staffed by GPs on a sessional basis. There are eight salaried GPs (six and a half whole time equivalents) and approximately 90 GPs who work for the service on a sessional basis. There is one (who works four days out of five in a week) Senior Clinical Medical Officer, nine nurses (of which some are independent nurse prescribers) and 32 drivers.

We visited three sites as part of our inspection

- MedOCC @ Medway, Medway Maritime Hospital, Gillingham, Kent.
- MedOCC Quayside House, Chatham, Kent.
- Sheppey Community Hospital, Isle of Sheppey, Kent.

Why we carried out this inspection

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

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

Detailed findings

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.

This providers out of hours services had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we hold about the service and asked other organisations, such as

the local Healthwatch, clinical commissioning group and NHS England to share what they knew. We carried out an announced visit on 27 and 29 November and 3 December 2014.

During our inspection we visited:

MedOCC Quayside, Chatham.

MedOCC @ Medway, Medway Maritime Hospital, Gillingham.

Sheppey Community Hospital, Minster-on-Sea.

We spoke with a range of staff including four GPs, two nurses, seven administration staff, two drivers, the office manager, the governance manager, the clinical lead and clinical nurse lead. We spoke with six patients who used MedOCC Quayside (at either MedOCC Quayside, MedOCC @Medway and Sittingbourne Memorial Hospital) and reviewed four comment cards where patients and members of the public shared their views and experiences of using the service. In each service we observed how telephone calls from patients were dealt with in each service, how people were being cared for, how staff talked with carers and/or family members, toured the premises and looked at policy and procedural documentation.

Are services safe?

Our findings

Safe Track Record

The service had systems and procedures for risk assessments as well as reporting and recording incidents. There were arrangements for monitoring safety, using information from audits, risk assessments and routine checks that were undertaken by staff. There was a systematic risk log to monitor actions from risk assessments. The staff we spoke with were able to describe their responsibilities in relation to monitoring, reporting and recording incidents and concerns. They told us they knew the reporting procedures within the service and were aware of the external authorities that may need to be notified if appropriate. There was a culture of openness and staff felt confident to raise concerns. Openness and transparency about safety was encouraged. We saw records of incidents that had been recorded by staff, including accident records and significant event reports and we saw significant event reports recorded and summarised for the previous three years. Action plans and had been created as a result where

changes were required and staff confirmed that they had been involved in these actions, in order to make the necessary improvements/changes. For example, an incident where a patient's address had not been verified between MedOCC and the 111 service, had resulted in a near miss. Records showed that the incident was thoroughly investigated and appropriate action had been taken to reduce the risk of such incidents occurring again. The outcome of the incident was also further endorsed by being included in the clinical leads circular, under the sub heading of lessons learnt from significant events.

Learning and improvement from safety incidents

Staff understood how to raise concerns about patient safety issues using the provider's patient safety information system. This included incidents, concerns and near misses. We saw from records of staff meetings these were analysed and actions were identified and implemented to reduce the risk of similar incidents occurring in the future.

The service had a policy for incident reporting which provided guidance for staff on the action to be taken in the event of a serious incident, accident or near miss. Staff we

spoke with were familiar with the policy and how to report and record incidents. The staff handbook contained a leaflet advising staff what they should do if they were involved in an incident.

Records showed that incidents, whether arising from safety, complaints, internal audit or patient feedback, were thoroughly investigated. Staff told us they were informed about the outcomes of investigations and actions to take to prevent or reduce the risk of further incidents of a similar nature. Records showed that when something had gone wrong, patients received an apology and action was taken to improve the quality of care provided.

Reliable safety systems and processes including safeguarding

The service had effective systems and processes for safeguarding vulnerable adults and children who used services. One of the GPs was designated to be the lead in overseeing safeguarding matters. There was a protocol and contact numbers for child and adult protection referrals available to all staff. The policy reflected the requirements of the NHS safeguarding protocol and included a 'safeguarding governance' flow-chart and the contact details of the named lead for safeguarding within Medway Community Healthcare C.I.C. Staff we spoke with told us they were aware of the protocol and the procedures to follow if they had to report any concerns.

Other health care professionals, who had contact with vulnerable children or adults, were involved in safeguarding the patients from the risk of harm and abuse as multidisciplinary safeguarding information was appropriately shared with the health visitor for the area, the patient's registered GP, as well as the local authority safeguarding team.

Staff we spoke with were knowledgeable about what they should do to protect people from the risk of abuse. There was a procedure for acting on suspected child abuse which contained the contact telephone numbers of the relevant agencies and the procedures to be followed in emergency and non-emergency situations. Care summaries provided by the patient's registered GP would alert MedOCC as to patients who fell within the older people and vulnerable groups. Minutes of meetings showed that staff had discussed the protection of older people and other vulnerable groups at one of the service's monthly clinical meetings.

Are services safe?

We reviewed the documentation of a specific safeguarding incident and found that staff had acted promptly and appropriately to protect a child they were concerned about. The patients own GP had been contacted to inform them of the incident and it's conclusion.

All doctors and nursing staff had been subject to a Disclosure and Barring Service (DBS) check. Staff told us they had received training in safeguarding vulnerable adults and children to levels two or three and records confirmed this. Training records for GPs demonstrated that most of them had the necessary level three training, in order to manage safeguarding issues and concerns within the service. For those GPs without level three training, there were actions to address this in a timely manner.

There was a system to highlight vulnerable patients on the service's electronic records. This included information so staff were aware of any relevant issues when patients attended appointments, for example, children subject to child protection plans.

The service had a chaperone policy which detailed the arrangements for patients who wished to have a member of staff present during intimate examinations or treatment. A chaperone is a person who serves as a witness for both a patient and a medical practitioner as a safeguard for both parties during a medical examination or procedure. Posters informing patients about the availability of chaperones were displayed in both the waiting area and consultation rooms. Staff we spoke with were clear about the content of the policy and how to record information about the presence of a chaperone as part of the consultation record. A GP told us nurse practitioners were available at MedOCC Quayside and MedOCC @ Medway, who provided chaperoning duties. At Sittingbourne Memorial Hospital, a chaperone would be either the driver or the receptionist in duty. All of whom had received the relevant training. The services' policy for DBS checks on staff stated that all clinical staff, including drivers and receptionists, must have an enhanced DBS check. Records viewed confirmed this.

Medicines management

There was a clear policy describing the services approach to managing medicines which provided staff with current guidelines and advice on best practice for all medicines, including controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Staff were observed to be following

the policy during our visit to the service. There were clear arrangements for nurses who administered medicines under patient group directions. These ensured nurses followed the processes required for appropriately prescribing medicines for patients. The service had a clear formulary to guide GPs' and nurses' prescribing. We were told by GPs that they could prescribe outside the formulary if they needed to, in order to meet the needs of patients. They told us any prescribing outside of the formulary was discussed with other GPs to ensure the decision was appropriate. Prescriptions were generated by the services' computer based prescribing system. There were contingency arrangements for manually raising and reconciling prescriptions in the event of a system failure.

Security measures were in place for medicines within the service. Keys or access rights for the rooms where they were stored were controlled and only authorised staff were allowed access. We checked the security and safe storage of prescription pads. We saw the prescription pads were stored in a locked cupboard with access restricted to authorised staff. The service only held prescriptions for use electronically and the stock numbers of these were recorded when they were added to the computers at the start of the clinic and then again when they were removed at the end of the clinic.

The service held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had standard procedures that set out how they were managed. These were being followed by the service staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements for the destruction of controlled drugs. Service staff undertook regular audits of controlled drug prescribing to look for unusual products, quantities, dose, formulations and strength. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

The service had well stocked medicine cupboards and these medicines were only given to patients when they could not access the local pharmacy. MedOCC had stores of pre packed medicines, which were given to patients and these were labelled appropriately and in accordance with legislation. All medicine expiry dates were clearly marked and individual emergency medicine boxes were available for specific conditions such as meningitis. This allowed for

Are services safe?

safe timely access to all the required medicines to treat the condition in an emergency situation. There was a checklist of each medicine in the cupboards and emergency drugs box, along with expiry date which was completed on a weekly basis. All medicines used were added to a report and a medicines trained member of staff would replenish the item before the next clinic started or between changes in staff/shifts. Clear records were kept whenever any medicines were used within the service; these were also recorded in the patients' record for future reference. The service had developed a list of the medicines they wished the GPs and independent nurse prescribers to follow. There were clear processes and detailed recordings of when patients were issued with a prescription which they could take to their local pharmacy to be dispensed.

We saw that a medicines audit was completed routinely by the shift manager on site to identify any discrepancies which would be immediately addressed. The service undertook prescribing audits. There was a monthly prescribing audit to identify unusual prescribing. These were cross checked against the patients' case notes. Records showed that an annual audit of antibiotic prescribing was also undertaken, to ensure high standards of antibiotic prescribing were maintained. Staff told us the results were shared with them and any actions required were discussed as a team and implemented fully in a short timescale.

Cleanliness and infection control

We were shown the infection prevention and control policy (IPC) for the service which had an identified IPC lead person. The clinical lead encouraged the maintenance of infection control standards in the monthly clinical bulletins by highlighting any issues or incidents. For example, not disposing of sharps properly.

Records confirmed that staff had training in IPC to ensure they were up to date in all relevant areas.

Clinical rooms had clinical waste bins, along with liquid soap and disposable paper towels. Disposable privacy curtains were used in clinical rooms and there was a schedule for changing them.

Sharps bins had been dated and information about safe disposal of clinical waste and sharps was displayed. In the consulting rooms there were disposable couch coverings that were changed between each patient. There was personal protective equipment (PPE) available in the

clinical rooms. All treatment areas had hard floor covering and this was appropriately sealed in accordance with IPC guidance. The service had a contract for the safe disposal of clinical waste. This helped ensure the risk of infection was minimised.

The service had access to spillage kits at all of the bases we visited, to enable staff to appropriately and effectively deal with any spillage of body fluids. Sharps bins were appropriately located and labelled within the service. Staff were aware of what to do should they sustain a needle stick injury.

We saw the cleaning schedules at the bases we visited and saw these contained clear instructions for cleaning staff. Premises we visited were clean and there was a designated infection control lead who made sure infection control policies were and staff training was up to date.

The premises were maintained and there were service contracts with specialist contractors, for example, fire safety equipment testing, electrical testing and legionella testing. Clinical hand-wash basins in the service conformed to Department of Health standards.

Records showed that MedOCC had completed an annual infection control report for 2013-2014 for all services including all of its bases.

Equipment

The service had processes and systems to keep the premises and building safe for patients, staff and visitors. Records showed there were service and maintenance contracts with specialist contractors, who undertook regular safety checks and maintained specialist equipment.

Emergency equipment including oxygen was readily available for use in a medical emergency.

We saw that staff had access to pulse oximeters (a machine which is used as a non-invasive method for monitoring a person's oxygen levels and blood pressure monitoring equipment which had been calibrated.

Equipment and the premises were appropriately checked to ensure they promoted staff, patient and visitors safety. A GP we spoke with told us there were always sufficient equipment and other resources to provide patients with an effective service. They offered the example of never running out of antibiotics at the end of a weekend a problem they

Are services safe?

said they knew occurred elsewhere. Training had been provided to staff in respect of fire safety awareness. All of the premises had an up-to-date fire risk assessment and regular fire safety checks were recorded.

There was a maintenance plan in use by the service which took into account accessing alternative equipment in the event of equipment becoming faulty. There were records of issues with the premises and these showed that necessary repairs had been addressed quickly and patients had been informed of the actions taken.

Portable appliance testing on all equipment not directly owned by the service was carried out by the NHS Trust engineers; we saw records to support maintenance and testing of all equipment owned by the service. All equipment tested by the NHS Trust had stickers attached with dates and initials.

Staffing and recruitment

MedOCC employed salaried GPs and nurses and engaged GPs on a sessional basis and the recruitment and selection processes completed by the service, reflected the recruitment policy. We looked at 10 staff files and saw that appropriate checks had been carried out for those staff employed after the service had registered with CQC. For those staff who had been employed for over 10 years at the service, there were plans to ensure that staff files contained appropriate supporting documentation, such as a curriculum vitae which showed the staff members full employment history and any gaps in employment.

Staff had a completed Disclosure and Barring Service (DBS) check, where the service had deemed it necessary and there were risk assessments for those staff that did not require a DBS check. Records confirmed that checks with the General Medical Council (GMC) and the Nursing & Midwifery Council (NMC) were carried out routinely to help ensure staff maintained their professional registration. Where relevant, the service also made checks to ensure that the member of staff had adequate and appropriate professional insurance was a member of their professional body and on the GP performer's list. This helped ensure that new staff met the requirements to work within the out of hours area.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system for

all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Monitoring safety and responding to risk

The service had clear lines of accountability for all aspects of patient care and treatment. Corporate clinical governance meetings took place every month and we saw a selection of minutes from these meetings.

We found the service ensured that the clinical staff received annual cardiopulmonary resuscitation (CPR) training and training associated with the treatment of anaphylaxis.

There were appropriate arrangements to manage unexpected staff changes or shortages. Staff told us that MedOCC had strategies for the staff team to safely cover staff shortages and absences with minimal use of locum or agency staff. Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to help ensure that enough staff were on duty. There was also an arrangement for members of staff, including nursing and administrative staff, to cover each other's annual leave.

The service maintained an up to date risk register which was discussed and updated on a monthly basis to ensure all risks were appropriately assessed and addressed. GPs were able to access patient's summary care records held by their own GP if the patient gave their consent. This helped to ensure patients' safety by enabling GPs at MedOCC to understand the care and treatment, care needs and care plans of patients prior to their visit. We saw accurate records regarding treatment and prescribed medication were maintained when patients used the service. These records were electronic and sent directly to the patient's electronic record held at their own doctor's surgery. This meant that information was available the next working day for the patient's own doctor to review.

The service completed National Quality Requirement data for Out of Hours services on a monthly basis. The results of which were used to improve services offered to patients.

Arrangements to deal with emergencies and major incidents

There were policies and procedures for dealing with emergencies. Staff were trained to a minimum of basic life

Are services safe?

support to treat patients who had an emergency care need. Emergency equipment was available including access to oxygen and an automated external defibrillator or a cardiac monitor/defibrillator.

Staff assessed and managed risks. For example, receptionists escalated concerns to clinical staff if they saw a patient was unwell or deteriorating. There were guidelines for referring patients to Accident and Emergency (A&E) if they were unsuitable for treatment in a primary care service.

The service had both an emergency and business continuity plan. The plans included details of how patients would continue to be supported during periods of

unexpected and/or prolonged disruption to services, for example, extreme weather that caused staff shortages and any interruptions to the facilities available. Arrangements were recorded within the plans for patients to continue to receive care during such events.

Records confirmed that drivers had been provided with information and policies on a range of routine and emergency situations, as well as emergency equipment.

Staff knew what to do in the event of an emergency evacuation and all fire equipment was tested and maintained in line with manufactures guidance. Fire alarm testing was either conducted by the NHS Trust or MedOCC on a regular basis. Records confirmed this.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. The service used national and professional guidelines to promote best practice in the care it provided. Service staff were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw minutes of meetings where new guidelines were disseminated, patients were discussed and required actions agreed. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate. For example, asthma, diabetes and heart disease.

Patients were offered care and treatment in accordance with nationally recognised standards. We were shown records of audits that had been carried out following the receipt of national guidelines and standards provided to the practice by NHS commissioners and other stakeholders. For example, MedOCC provided a specialist service for identifying and treating deep vein thrombosis (DVT) and cellulitis for patients referred to the service by their own GP. The service had developed guidelines for providing these specialist services using evidence based professionally recognised guidance. The guidelines described how patients should be assessed and diagnosed and the information which should be collected for treating the patient. This enabled the outcomes of treatment to be audited and reviewed. The guidelines were reviewed and updated based on changes in national guidance and local outcomes.

We spoke with medical, nursing and administrative staff who told us the service saw patients when they could not be seen by their own GP. Patients were also referred by the 111 patient help line following a discussion with 111 staff about the patient's condition. The service had access to patients summary care records and electronic information about the patients attending the service. We spoke with doctors and nurses staff who told us that patients' health needs and potential risks were assessed at initial consultations with the GPs and nurses. Staff said that individual treatment plans were agreed and recorded on the service's computerised system. Staff told us that

appointment slots were 15 minutes in duration and this allowed for a thorough and complete history to be taken before any decision regarding care was made. GPs we spoke with who worked for the service told us the emphasis was on clinical quality and clinicians had adequate time to see patients. MedOCC Quayside out of hours service provided care for all age groups with a wide variety of needs. As such they had close working relationships with other health care professionals to ensure the care delivered was the most appropriate and up to date for that patient.

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease and asthma and the service nurses supported this work, which allowed the service to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs and nurses told us this supported staff to continually review and discuss new best practice guidelines for the management of disease and illness.

Staff told us that comprehensive and detailed patient records were kept on the electronic system and that patients who had been assessed as 'at risk', for example, older patients, had care plans that were reviewed with the patient and their carer routinely. A GP told us information was available about patients with complex needs. An example of this was the inclusion of information on the computer record about drug misuse to alert GPs enabling them to provide an appropriate service.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The managers of the service had a variety of mechanisms to monitor the performance of the service and to ensure the doctors and nurses adherence with best practice.

Appraisals were on-going for all staff and used to support their work at the out of hours service. GPs we spoke with told us they received feedback every three months from the medical director which identified areas of clinical excellence and areas for improvement. Records confirmed that a productivity ranking (how many patients are seen in a time frame) was published for all clinicians every six

Are services effective?

(for example, treatment is effective)

months to a year. The quality of clinical assessments was evaluated by reviewing records and voice recordings. Numerical scores were given for all aspects of the consultation. Staff said they could openly raise and share concerns about clinical performance.

The service had a system for completing clinical audit cycles. For example, monthly prescribing audits, palliative care audits and audits of patients referred to accident and emergency. The audits reviewed the practice of GPs, nursing and reception staff. One GP told us the written records of their consultations had been audited and they had received feedback within six weeks of joining the service. The findings of audits were discussed with the staff concerned and some were used for wider staff training. The service made staff aware of the outcome of audits through the Clinical Lead's Clinical Circular which provided a regular update on a range of clinical and other issues. Records confirmed that re-auditing had been carried out at the time of the inspection.

MedOCC had also conducted clinical audit training aimed at increasing all staffs understanding of clinical audit and how it fitted in with quality. The training included improvement, understanding the stages of the clinical audit process and the differences between audit, service evaluation and research. Records confirmed that the training sessions had resulted in increasing the number of completed audits.

Effective staffing

The service had systems to ensure staffing levels were adequate to meet patient's needs. This included forward planning. Staff told us there were sufficient personnel to meet patients' needs. We were told that staffing levels were determined by previous trends but there were escalation procedures available during periods of unexpected high demand. This involved bringing in extra staff to support the increased numbers of patients presenting at the service. We saw the service had changed the location and organisation of one part of the service following a successful pilot aimed at improving the pathway for patients with a minor illness. The number of GPs had also been increased at peak times following an analysis of capacity and demand.

There were processes to monitor and support staff performance within the service. The service held induction, training and performance records for the GPs and nurses they employed.

Call handling staff we spoke with told us they shadowed an experienced member of staff as part of their induction training. Staff told us they had all received customer service training and they had completed mandatory training. Records confirmed that all staff maintained a range of mandatory training, including fire safety and safeguarding for adults and children. Some training was available to staff via e-learning, others undertook training in their own practices. MedOCC had protocols and procedures to check that training undertaken by GPs in their own practice was verified. There were details of future training courses displayed on the staff notice board for mandatory and other training. The service kept records of the training staff had received and these confirmed that staff had received the training they required to carry out their roles effectively.

All staff had 'Training Passports' to track mandatory training and were prompted when training updates were required. Staff told us that the passport system worked very well and they received prompts in a timely manner, in order to support them scheduling in training around their planned working hours/shift allocation.

All GPs took part in the NHS revalidation process. Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise. Revalidation aims to give extra confidence to patients that their doctor is being regularly checked by their employer and the General Medical Council (GMC). GPs signed a staff training declaration regarding the completion of their mandatory training requirements and the service checked to ensure GP appraisals had been appropriately undertaken. Staff files provided evidence that the nurses maintained their registration with the Nursing and Midwifery Council (NMC) and that this was routinely checked by the service.

Working with colleagues and other services

Two of the MedOCC's sites that we visited were located within local NHS Hospitals; this facilitated a close working relationship between the services. There were pathways for referring patients to A&E if the patient became unwell or if it was inappropriate to see the patient in primary care. Protocols, pathways and evidence based guidance was

Are services effective?

(for example, treatment is effective)

available for GPs providing the service, these covered how the service should work in partnership with the local A&E service. There were close working relationships across all services provided by MedOCC Quayside and support was offered across sites as required. Paramedic practitioners worked alongside MedOCC GPs and nurses at the MedOCC @ Medway service, to ensure that patients were appropriately placed within the care system.

Minutes of meetings demonstrated that MedOCC had established processes for multi-disciplinary working with other health care professionals and partner agencies. These processes helped ensure that links with the palliative care team and district nurses for example, remained effective and promoted patients care, welfare and safety.

There were systems to process urgent referrals to other care and treatment services and to help ensure that test results were reviewed in a timely manner following receipt by the service. Staff described the system they used to check test results and clinical information on a daily basis and how the information was shared promptly with the patients own GP or the GPs at MedOCC as a priority. The service had clear processes to ensure that if a patient required a GP review the next day, the computer system could prompt the GP and provide information about the consultation the patient received at the out of hours service.

Staff told us that the service held regular staff meetings to help ensure they were up-to-date with appropriate and relevant information, for example, outcomes of clinical meetings, significant events and governance meetings. Minutes of meetings held at the service were readily available to staff to refer to either on the notice board or on their online system. Staff told us they received emails to inform them when minutes were available for reading. The clinical lead told us that such emails were sent with a read receipt, in order to track that staff had received the email.

The service had protocols for enabling staff to arrange follow up appointments at the patient's own GP surgery if required. Staff showed us how the system worked in practice and this matched the protocol. One patient told us they had needed to see their own GP following attendance to MedOCC and that the system worked well for them.

Information sharing

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

own GP at the earliest opportunity. We saw that patient information was promptly shared with each patient's own GP for continuity of care. All patients requiring transfer to other services were transferred with copies of electronic records of the treatment they had received. GPs working at MedOCC could access patients' summary records with the patients consent. There were systems to help ensure that summary care records accessed in an emergency were justified, the service's clinical lead regularly monitored this and provided feedback to GPs.

Consent to care and treatment

The service had procedures for patients to consent to treatment and a form was used to gain the written consent of patients when undergoing specific treatments, for example, deep vein thrombosis (blood clot) therapy. There was space on the form to indicate where a patient's carer or parent/guardian had signed on the patient's behalf.

Staff ensured that patient's consent to treatment was obtained and recorded appropriately. They had a comprehensive consent policy to assist staff to ensure that consent was gained and recorded in line with national guidelines. Staff we spoke with were aware of the various forms of consent and when each would be used whilst treating their patients and when they would need to apply Gillick competencies to assist them to treat their younger patients. (Gillick competencies are guidance which helps GPs and nurses to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

Issues relating to patients to whom the Mental Capacity Act 2005 applied were supported as required by the NHS Mental Health crisis teams and local social workers. If a patient refused treatment the GP could contact the duty social worker to discuss and obtain advice or consider whether to undertake a mental capacity assessment and make a decision in the patient's best interest.

The service displayed information in relation to an advocacy service in the patient waiting area, with contact details for patients and/or their carers who required independent support. The procedures helped ensure patients who lacked capacity were appropriately assessed and referred where applicable.

Are services effective?

(for example, treatment is effective)

We saw that pathways had been developed to guide clinical decisions, which stressed the importance of obtaining informed consent and how this should be recorded within patients' notes.

Health promotion and prevention

Patients were encouraged by the service to take an interest in their health and to take action to improve and maintain it. This included advising patients on the effects of their life choices on their health and well-being. GPs and nurses told us they were encouraged to provide opportunistic health promotion advice for example about referring patients to the smoking cessation service.

There was a range of information leaflets and posters in the waiting rooms for patients about the service and promoting good health. Information on how patients could access other healthcare services was also displayed.

MedOCC provided dedicated clinics for patients with deep vein thrombosis. Staff told us that these clinics enabled the service to monitor the ongoing condition and requirements of these groups of patients. They said the clinics also provided the service with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration. Patients who used this service told us that the service had informed them when they were due to re-attend these clinics and that appointments were flexible if they were unable to attend on a day, when a set clinic was being held.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

The reception staff treated people with respect and ensured conversations were conducted in a confidential manner. However, Staff told us it was difficult to maintain patient confidentiality in the reception areas at MedOCC @Medway. We discussed this with the governance manager, who told us the service had listened to staffs concerns and plans were being developed to address the issue. Staff had also received customer care training in response to the difficulties. The training had included tips and hints for maintaining patient confidentiality. One member of staff told us they had attended a customer care educational session which involved acting out scenarios about patient confidentiality and effective communication. They said they had been able to apply the learning and share it with colleagues. They said they had been able to implement a range of successful techniques, for example asking people who were waiting if they would kindly move away to give the patient at the desk privacy.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation/treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

There were systems to help ensure that patients' privacy and dignity was protected at all times. The practice had a confidentiality policy which detailed how staff protected patients' confidentiality. Staff we spoke with were aware of their responsibilities in maintaining patient confidentiality. A room was available for patients to speak with reception staff in private if required. Telephone conversations that took place at reception could not be overheard by patients waiting for an appointment. Patients told us they felt their consultations were always conducted in a private and confidential manner.

The service had a chaperone policy that set out the arrangements for patients who wished to have a member of staff present during intimate clinical examinations or treatment. (A chaperone is a person who serves as a

witness for both the patient and the medical practitioner as a safeguard for both parties during a medical examination or procedure). Staff training records demonstrated they had received up-to-date chaperone training and had had a DBS carried out. There were notices displayed in the service informing patients that they could ask for a chaperone to be present during their consultation.

We found staff were very knowledgeable about their systems and recognised when an issue raised by a patient was an emergency.

We saw there was a positive, friendly and professional interaction between patients and staff whilst in the waiting room. Staff were seen to treat patients with respect and kindness. All the patients we spoke with said staff had treated them with respect and maintained their privacy and dignity. One patient we spoke with told us they were pleased with the service they had received. They said that the staff were, always polite and respectful. One hundred and three patients who had responded to the services experience survey indicated they felt treated with dignity and respect. Two people had responded negatively to this question.

Staff told us what they should do if a patient's condition deteriorated or caused concern.

A hearing loop was available if required. Staff had access to interpreters to assist with consultations with patients whose first language was not English.

There was a clearly visible notice in the patient reception areas stating the practice's zero tolerance for abusive behaviour. Receptionists told us that referring to this had helped them diffuse potentially difficult situations.

Care planning and involvement in decisions about care and treatment

The patients we spoke with confirmed they had been involved in decisions about their care and treatment. They told us their treatment had been fully explained to them and they understood the information given to them. This suggested a commitment to supporting patients to make informed choices about their care and treatment. Staff told us they maintained complete and accurate patient records which were a summary of their consultation with the patient. This included past medical history and any medications or allergies they may have, the date of the onset of their symptoms, the severity, and of any treatment

Are services caring?

tried by the patient. They discussed any relevant treatment options so that the patient was involved in the decisions about their care and treatment. One patient we spoke with told us the GPs involved them in decisions about their care. Another patient told us they had a long term condition and was reassured to know they could get an appointment at MedOCC when they needed one. They said staff knew about their condition and did not need to keep asking them for their medical history. Eighty eight people who responded to the services' patient experience survey indicated they felt involved in decisions about their care whilst 5 people said they did not.

Records demonstrated that care plans had been agreed between the patients and their families/carers for those patients with long term conditions. The service could access the records of patients who had a care plan. Records shared between GPs and MedOCC included details of ongoing care and treatment as well as changes made to the plan as a result of the patient's condition or medication having been amended. We spoke with one patient who said they had a condition which meant they attended the service often. They said they saw the GP who knew about their illness and did not keep asking about their medical history.

Staff told us that translation services were available for patients who did not have English as a first language. There were notices in the reception areas informing patients this service was available.

Male and female GPs were available across the services offered by MedOCC and patients were given a choice during

their initial triage of which location they chose to attend. As only one GP was available at some sites, patients' who requested a gender choice of GP might need to attend the services' alternative site.

Staff we spoke with had awareness of the Mental Capacity Act (MCA) 2005. All staff had all completed MCA training, records confirmed this.

Patient/carers support to cope emotionally with care and treatment

The service emphasised the importance of supporting patient's health and well-being. Staff were supportive in their manner and approach towards patients. We were informed by patients that they were appropriately supported and offered information about what to do should their condition change or worsen, as well as information about how to support their recovery with the treatment given. Patients said they were informed very clearly when they needed to see their own GP and that when they attended their own practice for a follow up it was clear the services had communicated the care and treatment they had received.

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

Patient information leaflets, posters and notices were displayed that provided contact details for specialist groups that offered emotional and confidential support to patients and carers. For example, counselling services and a bereavement support group.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

MedOCC had reviewed services and conducted a pilot study. As a result the service provisions were therefore changed so that services were available on a 24 hour basis at MedOCC @ Medway and from 7pm to 1am at MedOCC Quayside. This organisational change had improved the pathway for patients with a minor illness. Additionally, the number of GPs had also been increased at peak times following an analysis of capacity and demand.

The service had established links with the local area commissioners. Meetings took place on a regular basis to assess, review and plan how the service could continue to meet the needs of patients and any potential changes in demand.

There was a range of services available to support and meet the needs of the varied patient groups. Staff told us they referred patients to community specialists or clinics, if appropriate. Examples of this were older patients, or their carers, referred to groups who specialised in supporting patients and carers with chronic illnesses. Additionally, mothers with babies or young children were referred to the health visitor. There were arrangements to share this information with the patients own GP. MedOCC worked closely with community nursing teams and the integrated care team to support patients with long-term conditions and those with complex needs who received care and treatment. The service had a business continuity plan to deal with foreseeable emergencies that might interrupt the smooth running of the service, in order to respond to patient's needs. There were arrangements for continuing to provide the service in the event of an emergency and if the computer system failed.

We saw there were contact details for various services available in the local area. This meant staff had access to information needed to make referrals or obtain specialist advice when required. A GP told us staff supported them to provide an appropriate service. They said staff were very knowledgeable about local systems and processes and were able to provide GPs with advice on how to access resources or support. They said as a result they were confident they could respond appropriately to patient's needs.

National Quality Requirements (NQR's) for out-of-hours services capture data and provide a measure to demonstrate the service is safe, clinically effective and responsive. (Under the National Quality Requirement providers must report regularly to CCGs on their compliance with the Quality Requirements. Send details of all out of hours consultations to the practice where the patient is registered by 8.00 a.m. the next working day. Have systems in place to support the regular exchange of up-to-date and comprehensive between all those who may be providing care to patients with predefined needs (including, for example, patients with terminal illness). Regularly audit a random sample of patient contacts, as well as patients' experiences of the service and take appropriate action on the results of those audits and provide reports of these audits to the contracting CCG. Operate a complaints procedure that is consistent with the principles of the NHS complaints procedure and provide a report to the contracting CCG. Demonstrate their ability to match their capacity to meet demand for their contracted service, especially at periods of peak demand, such as Saturday and Sunday mornings, and the third day of a Bank Holiday weekend, as well as having robust contingency policies for those circumstances in which they may be unable to meet unexpected demand). The service produced monthly and annual reports across the service overall, which included all of the data required for the purpose of meeting the NQR's. Records of reports and audits confirmed this.

Tackling inequity and promoting equality

Staff could access diversity and equality training which was also provided during induction training and the service had an appropriate policy for staff to follow.

Appointments at the service were accessible to patients with mobility difficulties and wheelchairs were available. The consulting rooms were suitable with easy access for patients. There was a designated toilet available for people with disabilities at each site that we visited. The reception desks had a low level section to accommodate patients using wheelchairs. Interpretation services were available by arrangement for patients who did not speak English. We saw that the waiting areas were large enough to accommodate patients with wheelchairs and prams and

Are services responsive to people's needs?

(for example, to feedback?)

allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Access to the service

Patients told us they had not experienced problems when they required urgent or medical emergency appointments. They told us that once the service had made contact with them, staff dealt with these issues promptly and knew how to prioritise appointments for them. The reception staff we spoke with had a clear understanding of the triage system, policies and protocols. This was a system used to prioritise how urgently patients required treatment, or whether the GP would be able to support patients in other ways, such as a telephone consultation or home visit. Patients said that access to urgent or emergency appointments met their needs and expectations.

Patients we spoke with commented on the professional attitude of staff and their kindness. Some commented on how the service provided reassurance for them and their children when their own GP practices were closed. They also commented on how they felt listened to and that the GPs and nurses carefully took all their concerns on board. Others commented that they had to wait for long periods after their allocated appointment times but that they knew they would see a GP, despite the delays. A patient commented that they were able to get medicine at the time of their visit and they would definitely recommend the service to other people. Another patient told us they had felt unwell since they woke up in the morning and they had decided to come to MedOCC Quayside directly and walk in because they knew they could.

All the patients said access to the service once booked in with the receptionist was timely 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 nurse or GP had been fully explained.

Staff told us that children attending the service were prioritised as required but in general they were seen as soon as possible after arrival. GPs told us the service managed the number of patients they could see ensuring they saw the maximum number of patients whilst having

adequate time for consultations. They told us support staff were alert to the needs of patients waiting and would offer drinks. They said staff would also inform GPs and nurses about patients who were distressed or feeling unwell.

Listening and learning from concerns and complaints

There was openness and transparency in dealing with complaints and improvements were made to the quality of care as a result of complaints. The service has a system for handling complaints and concerns. MedOCC's complaints policy was in line with recognised guidance for GPs in England and there is a designated responsible person who handles all complaints in the practice. There was guidance for staff about their role in responding to complaints. The guidance stressed the importance of regarding complaints as a learning opportunity.

The provider had received 33 complaints since December 2013 mainly regarding the quality of care. As part of the inspection the provider was asked to provide details of serious adverse events in the last 12 months together with the outcomes of these. The provider informed us there had been no serious adverse incidents in the last 12 months.

Records demonstrated complaints were investigated and the outcome of each investigation was sent to the respective complainant and any delays in replying had been notified to the complainant with an explanation. Contact details of the parliamentary health service ombudsman were also included. This gave patients the option of taking their complaint further if they were not happy with the way in which MedOCC responded. There was also a log of all informal complaints received by MedOCC. Particular issues that required change were shared at the staff meetings to help ensure that all staff learnt from the complaints. For example, a patient had complained that other patients' had been seen before them, following this the clinical lead had advised staff of the importance of work through non-urgent advice calls and seeing patients in order. The service had apologised to the complainant and informed them of the changes they had made as a result.

We could see changes in practice and process had been instigated from the complaints received. Each complaint was fully recorded electronically and we saw they were fully discussed at governance meetings across the service. We saw the investigations into the complaints were thorough and impartial.

Are services well-led?

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

Our findings

Vision and strategy

The provider had a clear vision for all community and out of hour's services which had been developed with the involvement of all staff. The provider was committed to providing caring and compassionate services, delivering quality and value, working in partnership with other health care providers, to deliver high quality care and promote good outcomes for their patients. The service's vision and values included delivering appropriate evidence based care to any patient who required it within the local community in a timely manner and to have committed, motivated and caring staff who treated all patients as individuals. All members of staff that we spoke with knew and understood the vision and values and knew what their responsibilities were in relation to these.

The managers told us about the various meetings management staff attended to help keep them up to date with any new developments, professional updates and medical devices alerts or concerns. Staff knew their responsibilities and were satisfied they provided a good service for individual patients.

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

The service had a comprehensive business continuity plan to assist staff to maintain the service during any unforeseen event such as a power outage.

Governance arrangements

The governance and performance management arrangements were well developed and had been updated to reflect best practice.

The governance arrangements at the service included the delegation of responsibilities to named GPs, for example, a lead for safeguarding. The lead roles provided structure for staff in knowing who to approach for support and clinical guidance when required. Staff we spoke with were clear about their roles and responsibilities within the service. There were also governance arrangements based on

Department Of Health National Quality Requirements for the delivery of out of hour's services. The service reported monthly on how the targets for meeting the service and governance standards were being met.

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

GPs engaged to provide the service were encouraged to highlight any areas where the care provided could be improved and to highlight areas where there was a risk of a problem occurring. GPs were encouraged to report any concerns using the service's computer based reporting system (Datix). The importance of looking at issues as learning opportunities was stressed to all staff. A GP told us there were clear governance arrangements. They said all staff knew how to escalate clinical concerns for example a receptionist had escalated their concern about a patient who had been re-directed from A&E. The matter was raised to the Medical Director who ensured the patient received the appropriate care.

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

We saw from minutes of team, governance and quality meetings that staff were able to discuss issues in an open manner and work together to achieve with the best outcomes for patients. Systems and feedback from staff showed us that there were strong governance structures. We were told by a GP that the clinical lead was very involved in the quality of the service.

There was a process for clinical audit across the whole of the MedOCC's services and information was shared at all levels. Audits were shared electronically with staff with there was a facility to discuss the findings as required.

Are services well-led?

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

The clinical lead was actively engaged in auditing aspects of the service and provided feedback from complaints and incidents which clinicians found helpful. Clinical circulars were in use, which were written and disseminated by the clinical lead. Staff told us this kept them up to date with the progression of the service, issues addressed, learning outcomes and changes made as a result of concerns or complaints raised. There was also a process for recording how many GPs and nurses had received the clinical circulars and to discuss the content with them.

Leadership, openness and transparency

All staff were observed to follow the vision and values of the service which were very clear. There was an open and honest culture and clinical, administrative and reception staff all encompassed the key concepts of compassion, dignity, respect and equality. They welcomed input from patients of the service and acted upon feedback.

Staff felt supported in their roles and were able to speak with the management team at any time. They also said they would be happy to speak to any of the GPs if they felt they had any worries. Staff told us they felt valued. One GP we spoke with said they had worked for a number of out of hours providers and felt particularly well supported by the service. Another GP said they could approach managers to discuss issues. They said staff were positive about their work and the senior team provided strong, effective leadership. Another GP told us they felt they were working as part of a coherent team. They said nurses supported the GPs well and GPs were able to support the nurses with clinical advice.

Staff we spoke with told us managers were approachable. One member of staff told us about a concern they had raised. Managers had asked them if they could suggest ways of improving the situation. They said the service were good employers, who focussed on the patient and the care they needed. They told us they felt they could approach their manager at any time to discuss issues and that the feedback staff received on outcomes was very useful and comprehensive, for example, on complaints.

Appraisals for the reception and administration staff were conducted on an annual basis. This gave staff an opportunity to discuss their objectives, any improvements that could be made and training that they needed or

wanted to undertake. Nursing staff told us they had annual appraisals and that they could have general conversations with the clinical lead, to ensure they maintained their professional responsibilities to the service.

The service had developed clear and comprehensive standards that they expected sessional GPs to work to. These provided GPs with information about the protocols the service had developed for providing telephone advice, base and home visits.

The service had completed risk assessments in relation to the premises, such as fire risk assessments, health and safety and security of the building (external and internal). Risk assessments were current and had been reviewed and updated on either a yearly basis or sooner if changes were required.

The organisation was part of Urgent Health UK (UHUK). UHUK has defined a set of quality and benchmarking standards for members that underpin the ideals of delivering a value for money service of the highest quality of patient care. Audit South West works with UHUK to provide an independent benchmarking and audit service to review the 'quality aspects' of the out of hours services. The aim is to aid members to improve their services through reviewing their internal processes and, where appropriate, benchmarking performance. For example, MedOCC conduct internal audits of their processes to ensure they either meet or exceed the benchmarks set by UHUK.

The service did not have a current statement of purpose when we inspected. This was due to changes within the organisation. We were told by the governance manager that the statement of purpose was being drafted at the time of our visit, in order to reflect the organisational changes.

Practice seeks and acts on feedback from its patients, the public and staff

There were high levels of staff engagement. Staff told us they were encouraged to voice their ideas and opinions about how the service operated, how services were provided, to raise concerns and contribute ideas for improving patient care. They said they felt their views and opinions were valued and that there was good communication and team work within the service. Staff told us they attended and participated in regular staff meetings that included discussions about changes to

Are services well-led?

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

procedures, clinical practice, and staff cover arrangements. A GP told us the provider listened and acted on the views of staff. They said issues they referred to the Medical Director had been dealt with and this gave staff confidence to raise issues.

The service had a whistleblowing policy and staff told us they were aware of the procedure to follow if they wished to raise concerns outside of the service.

The service received 4506 patient survey questionnaires, a 23% return rate or 5% of the service's user population. The survey results showed 96% of patients stated they would likely or highly likely recommend the service. The areas which scored well related to the quality of care, such as staff attitude, high quality outcomes and delivering compassionate care.

A report from the patient survey completed in 2013 was seen, along with the results of another survey which had been undertaken in 2014. The results of the survey were mainly positive. There were some negative comments about appointment times. MedOCC also sought feedback by way of patient questionnaires. The questionnaire asked if patients were likely to recommend the service to friends and family, the extent to which they felt involved in planning their care, if they were happy with the length of their appointment as well as the ease of contacting the service. A quality improvement annual report had been completed for 2013-2014. The report contained the key findings resulting from Medway Community Healthcare's patient experience programme, mandatory and local audit programmes, the results of staff engagement. Additionally, a quality improvement plan had been developed for 2014-2015 based on feedback received from patients. An example of this was the customer awareness training organised for staff. The service had identified the development of a patient and public involvement group (PPIG) as a high priority but had not managed to put this at the time of our inspection.

We saw a poster on a staff notice board which displayed feedback from staff about the service. Staff had been asked how likely they were to recommend the service to friends and family, how they rated working at the service and their views on the care provided. The responses were mainly positive with some staff commenting that they had trust in the service. We saw comments indicating the service was caring and compassionate. Some staff had made negative

comments about the lack of support. Staff we spoke with gave us mixed views about working for MedOCC, whilst some were positive and said they felt supported while others told us they did not feel well supported.

Management lead through learning and improvement

We saw a clear understanding of the need to ensure that staff had access to learning and improvement opportunities. Nurses and GPs kept their continuing personal development up to date and attended other courses pertinent to their roles and responsibilities. This ensured that patients received treatment which was most current.

The service had completed reviews of significant events and other incidents. The results were shared in meetings and through email with all staff across the service to ensure the service as a whole improved outcome for patients. A GP told us the organisation was committed to improvement through learning from incidents. They provided us with an example of a child with a life threatening condition. The care provided had been reviewed to identify if any improvements could have been made.

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. There was a supportive process for staff to gain experience whilst being appropriately supervised within the clinical area.

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

An annual audit to assess the quality of clinical advice provided had been carried out. For example, audits had been completed for consultations whether held in the patient's home, at the service's local bases or by telephone to assess the quality of clinical advice. The results had been shared with staff and ways of improving the efficiency of home visits had also been explored as a result of completing the audit. Additionally, productivity audits had been undertaken to identify the scope for increasing the number of patients medical staff could see. The results of the audits were discussed with the doctors concerned.

Are services well-led?

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

MedOCC had introduced a document management system to support online review and commenting on documents. The system automatically e-mailed the author of documents when they were out of date. The provider had also identified a number of policies which could be merged or withdrawn. Staff told us that the system was good and helped to ensure all staff had access to documents which were current, up to date and reflected current best practice/guidance.

The service had a major incident plan which provided staff with guidance on the arrangements of how to initiate and coordinate a major incident at all of its sites across the service. Staff had received training in this and were aware of their roles and responsibilities.