

North Hampshire Urgent Care Limited - Out of Hours GP Service (HantsDoc)

Quality Report

Basingstoke and North Hampshire Hospital (A&E)
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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

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at North Hampshire Urgent Care Limited - Out of Hours GP Service (HantsDoc) on 21, 22 and 23 February 2017. Overall the service is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for recording, reporting and learning from significant events.
- Risks to patients were assessed and well managed.
- Patients' care needs were assessed and delivered in a timely way according to need. The service met the National Quality Requirements.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was a system in place that enabled staff access to patient records, and the out of hours staff provided other services, for example the local GP and hospital, with information following contact with patients as was appropriate.

- The service managed patients' care and treatment in a timely way.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service worked proactively with other organisations and providers to develop services that supported alternatives to hospital admission where appropriate and improved the patient experience.
- The service had good facilities and was well equipped to treat patients and meet their needs. The vehicles used for home visits were clean and well equipped.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

Summary of findings

- Review the systems for monitoring individual medicines in order that there is a running total of all individual tablets and vials of medicines readily available.

We saw one area of outstanding service:

- The standard clinical system used by the majority of out of hours providers only categorises patients as urgent or routine, however the dispositions (recommended course of action) given by NHS 111 provide more options, for example, to be contacted within 30 minutes, one hour, two hours, six hours. The provider realised that patient prioritisation would be improved if the clinical system options

matched the NHS 111 dispositions. The provider has developed in- house options within the clinical system so that the system shows patients in the same priorities as the dispositions that were assigned by NHS 111. We saw evidence that this had reduced the time patients were waiting for contact with the primary care centre, for example, the average time patients whose disposition was to be contacted within an hour had been reduced to under 30 minutes.

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 providing safe services.

Good



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

Are services effective?

The service is rated as good for providing effective services.

Good



- The service was consistently meeting National Quality Requirements (performance standards) for GP out of hours services to ensure patient needs were met in a timely way.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Clinicians provided urgent care to walk-in patients based on current evidence based guidance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The service is rated as good for providing caring services.

Good



- Feedback from the large majority of patients through our comment cards and collected by the provider was very positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were kept informed with regard to their care and treatment throughout their visit to the out-of-hours service.

Are services responsive to people's needs?

The service is rated as good for providing responsive services.

Good



- Service staff reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The service is rated as good for being well-led.

Good



- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The service had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The service had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The service proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

What people who use the service say

We looked at various sources of feedback received from patients about the out of hours service they received. Patient feedback was obtained by the provider on an ongoing basis and included in their contract monitoring reports. Data from the provider for the period of January 2016 to December 2016 inclusive showed that responses from at least one per cent of patients were recorded each month and these were discussed at medical directors' meetings and actions or lessons recorded in the minutes in line with the expectations of the National Quality Requirements.

For example in 2015-16 90% of patients who returned a survey found the service excellent or good.

- The service also showed us many examples of positive comments that had been sent in by patients to the service. Patients used words such as fantastic; the GP

took time to listen to our concerns; amazing; great care from start to finish; great communication and brilliant, to describe both the service and individual members of staff.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Three comment cards mentioned that they had to wait to see a GP when they arrived at the service. Positive comments included caring and reassuring; fantastic swift service and excellent.

The provider was aware of concerns about waiting times once a patient had arrived at the service and staff had been reminded to inform patients it was an arrival time and there may be a wait to see a GP.

North Hampshire Urgent Care Limited - Out of Hours GP Service (HantsDoc)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, three additional CQC inspectors and a CQC assistant inspector.

Background to North Hampshire Urgent Care Limited - Out of Hours GP Service (HantsDoc)

HantsDoc, is an out of hours GP service, is run by North Hampshire Urgent Care (NHUC) which is a not for profit, community benefit society, run by a membership. North Hampshire Urgent Care's head office is based at:

The Meads Business Centre, 19 Kingsmead, Farnborough, Hants GU147S

NHUC also runs another service from the same head office based at Frimley Park Hospital, which is the subject of a separate report. The two locations have a total catchment of about 640,000 patients.

We inspected the location HantsDoc which is located in the fracture clinic of:

Basingstoke and North Hampshire Hospital (A&E)

Aldermaston Road

Basingstoke

Hampshire

RG24 9NA

The service was open between 6.30pm and 8am Monday to Friday, and from 6.30pm on Friday evenings until 8am on Monday mornings at weekends and on bank holidays.

The service sees approximately 40,000 primary care patients per year. Approximately 44% of patients who contacted the service receive self-care advice over the phone, 48% are seen at the primary care centre and 8% receive visits at their home. The service is commissioned by one clinical commissioning group (CCG), which is the North Hampshire CCG.

Patients can access the service via the NHS 111 service.

NHUC employs a total of 185 staff across the Frimley Park and Basingstoke locations including 60 nurses, 38 drivers and 25 receptionists. GPs are self-employed contractors and therefore not included in the employee numbers. All staff, including contracted GPs are supported by a clear leadership structure, which consists of two medical directors, a chief executive, a chief nurse and a board of executive and non-executive directors. They are responsible for oversight of service provision and there are a range of meetings to monitor performance, such as clinical and risk governance.

Detailed findings

The clinical workforce is made up almost entirely of a pool of local GPs and nurses and there is a low use of locum agency staff. Of the nursing staff 74% are advanced practitioners with prescribing rights.

Two medical directors, one GP elected to the NHUC council, a chief nurse and lead nurse all work at the Basingstoke service clinically as well as at a senior level behind the scenes.

Why we carried out this inspection

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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 21, 22 and 23 February 2017. During our visit we:

- Spoke with a range of staff including the Chief Executive, Service Manager, Operations Manager, Chief Nurse, Medical Director, Human Resources consultant, GPs, nurses, administration staff, reception staff and drivers.
- Observed how patients were provided with care and talked with carers and/or family members.
- Inspected the out of hours premises, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.
- Looked at the vehicles used to take clinicians to consultations in patients' homes, and we reviewed the arrangements for the safe storage and management of medicines and emergency medical equipment.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the service manager of any incidents and there was a recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support; an explanation based on facts, an apology where appropriate and were told about any actions to improve processes to prevent the same thing happening again.
- The service carried out a thorough analysis of the significant events and ensured that learning from them was disseminated to staff and embedded in policy and processes.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared with all staff who worked for the service, and action was taken to improve safety in the service. For example, an incident occurred where a patient with a terminal illness did not receive optimum end of life care and communication between healthcare providers was not effective. The provider reviewed their role in the process to determine if any changes were needed. During their investigation they liaised with the clinical commissioning group who commended the provider on reporting the issues to them. The event was discussed at staff meetings and learning was cascaded via the clinical governance newsletter, this included ensuring all voice recording equipment was in use and GPs used the appropriate telephone so that calls were recorded.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). If a chaperone was needed during a home visit, this could be arranged.
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance for example, annual servicing of fridges including calibration where relevant.
- We reviewed eight personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, appropriate indemnity and the appropriate checks through the Disclosure and Barring Service.

Medicines Management

- The arrangements for managing medicines at the service, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The

Are services safe?

service carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in accordance with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- The service held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had standard operating procedures in place that set out how controlled drugs were managed in accordance with the law and NHS England regulations. These included auditing and monitoring arrangements, and mechanisms for reporting and investigating discrepancies. Due to advice the provider had previously received they did not hold a Home Office licence to permit the possession of controlled drugs within the service. However they have applied for a licence. There were also appropriate arrangements in place for the destruction of controlled drugs.
- Processes were in place for checking medicines, including those held at the service and also medicines bags for the out of hours vehicles. Information on individual medicines was available, but this was not in a format which allowed a running total of all individual tablets and vials of medicines to be readily available.
- Arrangements were in place to ensure medicines and medical gas cylinders carried in the out of hours vehicles were stored appropriately. For example, medicines were only stored in the vehicle during the shifts the vehicle was in use and removed after the last visit was completed.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the service office at Basingstoke Hospital. It was accessible to all staff and identified local health and safety representatives. Hard copies of service risk assessments and policies were stored in the office. Hospital and service risk assessments and policies were easily accessible on the computer. The service had up to date fire risk assessments but could not carry out regular fire drills as they were based in a large district general hospital, but would participate in the hospital fire drills.

However a pictorial version of the hospital fire policy was available at reception and staff understood the process. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Clinical equipment that required calibration was calibrated according to the manufacturer's guidance.

- There were systems in place to ensure the safety of the out of hours vehicles. Checks were undertaken at the beginning of each shift. These checks included general safety checks on the car and equipment checks. Records were kept of MOT and servicing requirements. We checked the vehicles and found that they had for example, oxygen, a defibrillator and pads, personal protective equipment such as gloves and masks, laptops, medicines reference books, safety and guidance protocols. Medicines were not left in the car when they returned to the base.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The inspection team saw evidence that the rota system was effective in ensuring that there were enough staff on duty to meet expected demand.
- Records were retained of staffing levels and the inspection team saw evidence that the rota system was effective in ensuring that there were enough staff on duty to meet expected demand. There was a clear policy on the wall in the office with escalation triggers for calling senior management (with their telephone numbers) should there be staffing issues that required resolving at short notice.
- The National Quality Requirements (NQR) key performance indicators (capacity planning) expects the service to demonstrate an ability to match capacity to meet predictable fluctuations in demand for their contracted service (including robust contingency plans). Records show that the Basingstoke service met these requirements for each month from January 2016 to December 2016 inclusive.

• Arrangements to deal with emergencies and major incidents

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

Are services safe?

- There was an effective system to alert staff to any emergency.
- All staff received annual basic life support training, including use of an automated external defibrillator.
- There was an effective system to alert staff to any emergency.
- The service had access to oxygen and a defibrillator on the premises. A first aid kit and accident book were available. However as the service was based within an acute hospital, the on call emergency team could be alerted if required.
- Emergency medicines were easily accessible. The medicines were the property of the hospital and stored securely.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

From 1 January 2005, all providers of out-of-hours services have been required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to the clinical commissioning group on their performance against standards which includes audits, response times to phone calls, whether telephone and face to face assessments happened within the required timescales, seeking patient feedback and actions taken to improve quality.

The quality requirements

The provider was meeting all National Quality Requirements (NQR's) for their service. They prepared a monthly report describing how they are meeting these requirements and met regularly with the clinical commissioning groups (CCGs) that commission the service.

- The NQRs state that providers must regularly audit a random sample of patient contacts and appropriate action will be taken on the results of those audits. Regular reports of these audits will be made available to the contracting CCG. The service used a software system to randomly sample consultations from each clinician.

The results were initially analysed anonymously by two auditors who were GP trainers using Royal College of General Practitioners (RCGP) guidelines. The results were then reviewed at a panel and if any consultations were less than satisfactory or there were concerns then they were fed back to the individual clinician concerned for comments (via email) and the appropriate action taken. Audits were reported back to the CCGs. Across the providers' two locations 3.5% of all consultations were audited. Themes were generated from the panel meetings and included in a clinical governance newsletter. The panel produced a clinical governance review plan and included a continuing rolling action plan.

- The service had a system that identified patients with life threatening conditions and had passed all such patients to the emergency department within three minutes during 2016.
- The service had started a clinical assessment of all patients with urgent care needs within 20 minutes of them arriving at the primary care centre (PCC).
- A total of 100% of all other patients had a definitive clinical assessment commenced within an hour during January to December 2016. This could include a telephone consultation by one of the service's clinicians. At the end of the assessment all patients were clear about the outcome, including (where appropriate) the timescale within which further action will be taken (if appropriate) and the location of any face-to-face consultation.
- All of the patients seen during the year were deemed to have been treated by the clinician best equipped to meet their needs and at the most appropriate location. This may be a telephone consultation, a consultation at the PCC or a home visit.
- All patients considered to be an emergency were seen within an hour after the definitive clinical assessment had been completed.
- For 11 months of the year 98% to 100% of patients triaged as urgent were seen within two hours of the definitive clinical assessment. In March 2016 only 91% of patients had been seen in this time. The provider had investigated why this occurred and this was due to patients not attending and the systems not being updated to reflect this.

Are services effective?

(for example, treatment is effective)

- At the start of 2016 the figures for January to March were between 89.6% and 90.62%, and between April and December the figures were 100%. The provider had reviewed the data and that out of a total of 1124 less urgent cases, 101 showed as not being consulted within six hours. A thorough check was undertaken on the system and it was found that 44 patients had not attended and their record was not closed later than the six hours or the next day. The remaining cases were triaged either late in the evening or during the night and were offered an appointment at the PCC the following morning, and these were all seen within the six hour time frame of arrival.
- The service analysed any deviation from their targets and put in place changes where required. For instance, on some occasions patients were choosing to delay visits until the next day, or not to attend at all. This decision by the patients had not always been recorded and therefore adversely affected the figures. Changes were made to ensure that this information was recorded.
- The standard clinical system used by the majority of out of hours providers only categorises patients as urgent or routine, however the dispositions (recommended course of action) given by NHS 111 provide more options, for example, to be contacted within 30 minutes, one hour, two hours, six hours. The provider realised that patient prioritisation would be improved if the clinical system options matched the NHS 111 dispositions. The provider has developed in house options within the clinical system so that the system shows patients in the same priorities as the dispositions that were assigned by NHS 111. We saw evidence that this had reduced the time patients were waiting for contact with the primary care centre, for example, the average time patients whose disposition was to be contacted within an hour had been reduced to under 30 minutes.

There was evidence of quality improvement including clinical audit.

- The provider had an overarching programme of clinical audits for both of its locations, these included audits of antibiotic prescribing; hand hygiene and those related to National Quality requirements. Improvements made were implemented and monitored for example, the service carried out an assessment of dental advice and

prescribing practice of their GPs. This was a completed two cycle audit carried out in October 2015 and February 2016 to see what cases were being seen by GPs and what treatment was given. Best practice indicates that advice and referral to a dentist is the most effective treatment and antibiotics should be avoided, as this could lead to further problems. During the first data collection 59 cases were received. In 40 of the cases advised was given and 12 were given a prescription for pain killers. Seven patients received a prescription for antibiotics, with only one being deemed to be appropriate treatment. All patients were advised to be followed up by a dentist.

- A total of 24 cases were identified in February 2016; 18 of these were given advice only and 15 were signposted to see a dentist as a matter of urgency. Two patients were prescribed antibiotics and it was concluded that an urgent dental referrals would have been the most appropriate option. The service noted there was a lower number of cases of dental complaints and attributed some of the change to an improvement in the NHS 111 Service referral pathway. They also found that the antibiotic prescribing had reduced. Further learning and conclusions related to ensuring that patients were directed to appropriate dental services both in and out of hours, pain relief rather than antibiotic should be prescribed, unless the patients was displaying signs of sepsis, in which case they should be referred immediately to accident and emergency departments.
- The service participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were also supported to work alongside other staff and their performance was regularly reviewed during their induction period.

Are services effective?

(for example, treatment is effective)

- The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example, vehicle drivers were given a practical and written assessment carried out by ex-police drivers to make sure they were competent.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and clinical supervision. All staff had received an appraisal within the last 12 months.
- All staff received training that included: safeguarding, fire safety awareness, basic life support, conflict resolution, equality and diversity; moving and handling and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Staff involved in handling medicines received training appropriate to their role.
- The provider worked collaboratively with other services. Patients who could be more appropriately seen by their registered GP or an emergency department were referred. The service had a very good relationship with the Emergency Department. They had employed health care assistants who worked at weekends and on bank holidays who took baseline clinical observations and ensured patients were looked after prior to being seen by a GP. Staff also made regular visits to the Emergency Department to see if they had patients waiting who would be more appropriately seen by the Primary Care Service. This helped ease the pressure on the Emergency Department. Staff also described a positive relationship with the mental health and district nursing team if they needed support during the out-of-hours period.
- The service worked with other service providers to meet patients' needs and manage patients with complex needs. It sent out-of-hours notes to the registered GP services electronically by 8am the next morning.

Coordinating patient care and information sharing

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

- This included access to required 'special notes' or Electronic Health Record which detailed information provided by the person's GP. This helped the out of hours staff in understanding a person's need.
- The service shared relevant information with other services in a timely way, for example when referring patients to other services.

Consent to care and treatment

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

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Three comment cards mentioned that they had to wait to see a GP when they arrived at the service. The provider was aware of concerns about waiting times once a patient had arrived at the service and staff had been reminded to inform patients it was an arrival time and there may be a wait to see a GP.

Results from the provider's own survey carried out in June 2016 showed:

A total of 1783 survey forms were sent out and 518 were completed of these:

- A total of 90% of patients who returned a survey found the service excellent or good.
- Patients used words such as fantastic; the GP took time to listen to our concerns; amazing; great care from start to finish; great communication and brilliant to describe both the service and individual members of staff, to describe their experience of the service.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

The survey and feedback forms allowed patients to make comments about the service they had received. There was also a page on the service website that allowed patients to log a comment and for the service to respond. This was introduced by the service in response to patient requests. These were reviewed by the Chief Nursing Officer and Medical Directors and where appropriate acted on by the service. Comments and responses could be seen on the website.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Sheets containing simple pictures to aid communication was available to staff and patients.
- Information leaflets on how to complain were available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service reviewed the needs of its local population and engaged with its commissioners) to secure improvements to services where these were identified. For example, they had introduced healthcare assistants (HCA) at weekends and bank holidays to carry out initial assessments of patients' blood pressure, temperature and pulse. The HCAs were also responsible for monitoring patients until they saw a GP and if the patient's conditions deteriorated they would immediately seek assistance.

- Home visits were available for patients whose clinical needs which resulted in difficulty attending the service.
- There were accessible facilities and translation services available.
- The provider supported other services at times of increased pressure.
- Patients who had a learning disability were seen with their care worker or a representative.

Access to the service

The service was open between 6.30pm and 8am Monday to Friday, and from 6.30pm on Friday evenings until 8am on Monday mornings at weekends and on bank holidays.

Patients could access the service via NHS 111. The service did not see 'walk in' patients and those that came in were told to ring NHS 111 unless they needed urgent care in which case they would be stabilised before referring on. There were arrangements in place for people at the end of their life so they could contact the service directly via their healthcare professional.

Feedback received from patients from the CQC comment cards and from the National Quality Requirements scores indicated that in most cases patients were seen in a timely way.

Requests for home visits received a call back from the triage GP who assessed both the most appropriate venue for the consultation and also the urgency of the need for medical attention.

The service had a system in place to assess:

- whether a home visit was clinically necessary; and

- the urgency of the need for medical attention.

Listening and learning from concerns and complaints

The service had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with the NHS England guidance and their contractual obligations.
- There was a designated responsible person who co-ordinated the handling of all complaints in the service.
- A comprehensive log was recorded of the progress of the complaints including the dates of type of communications.
- We saw that information was available to help patients understand the complaints system. There were complaints leaflets clearly visible in the waiting room and there was also a complaints form available on the services website.
- Staff were made aware if a complaint was made against them and were involved in the response to the complaint.
- Complaints responses were discussed by the management team at monthly operations meetings and clinical governance meetings. Learning was disseminated via a clinical governance newsletter.

We looked at 17 complaints received since January 2016 and found these were satisfactorily handled, and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, concerns had been raised about time waiting to see a GP once a patient had arrived at the service. The provider reviewed the information and found that patients were not clearly given information about appointments at the service. Patients were advised of the system that operated once an appointment had been given. All staff, including contracted GPs were reminded to inform all patients that the time they were given to attend the service was an arrival time only and they would be informed of the potential wait on arrival if there was a delay. This information was cascaded to staff via meetings and newsletters.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The service had a mission statement and staff knew and understood the values.
- The service had a robust strategy and supporting business plans that reflected the vision and values and were regularly monitored.

Governance arrangements

The service had an overarching governance framework that supported the delivery of the strategy and good quality care. All staff, including contracted GPs were supported by a clear leadership structure, which consisted of two medical directors, a chief executive, a chief nurse and a board of executive and non-executive directors. They were responsible for oversight of service provision and there were a range of meetings to monitor performance, such as clinical and risk governance. Senior leadership staff were also visible at the base, for example medical directors frequently worked a shift at least once a week.

Structures and procedures in place ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff.
- The provider had a good understanding of their performance against National Quality Requirements. These were discussed at senior management and board level. Performance was shared with staff and the local clinical commissioning group as part of contract monitoring arrangements.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the provider of the service demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. The service had had several changes of management over the previous two years and had only recently achieved stability over the last year. Staff told us the current management were very approachable, always took the time to listen to all members of staff and had made positive changes to the service.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. A culture of openness and honesty was encouraged. The service had systems in place to ensure that when things went wrong with care and treatment:

- The service gave affected people an explanation based on facts and an apology where appropriate, in compliance with the NHS England guidance on handling complaints.
- The service kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- There were arrangements in place to ensure the staff were kept informed and up-to-date. This included a clinical governance newsletter; a safeguarding update newsletter; and regular staff meetings.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the providers. Staff had the opportunity to contribute to the development of the service.

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

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

Are services well-led?

Good 

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

- The service had gathered feedback from patients through surveys and complaints received. For example, patients had felt concerned about waiting to see a GP and the service had arranged with the hospital to install CCTV cameras in the area that HantsDoc patients waited which were monitored.
- The service had gathered feedback from staff through appraisals, staff surveys, meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the service was run.
- We saw an NHS externally run staff survey for 2015 to 2016 on 'patient safety culture' in which North Hants

Urgent Care (NHUC) which includes HantsDoc, which scored well against the average for all organisations included in Urgent Health UK and had improved on their previous years scores in almost all areas.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. The service team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The service used an audit tool for clinician consultations known as the Clinical Guardian tool; this enabled them to adjust how many audits of clinicians were needed in response to any concerns that might have been identified. NHUC was working with local health care providers to develop models of care to support patients living in care homes. The service had appointed a Freedom to Speak up Guardian to enable staff to raise concerns.