

# Herts Urgent Care Limited Out-Of-Hours Service, Peterborough City Care Centre

## Quality Report

City Care Centre  
Thorpe Road  
Peterborough, Cambridgeshire  
PE3 6DB  
Tel: 08445605040  
Website: hucweb.co.uk

Date of inspection visit: 8 March 2017  
Date of publication: 21/07/2017

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?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
What people who use the service say	7
Areas for improvement	7

### Detailed findings from this inspection

Our inspection team	8
Background to Herts Urgent Care Limited Out-Of-Hours Service, Peterborough City Care Centre	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10

## Overall summary

We carried out an announced comprehensive inspection of Herts Urgent Care (HUC) out-of-hours service at the Peterborough City Care Centre on 8 March 2017.

The service was inspected under the previous provider and rated as Inadequate, following which HUC took the service over with the support of the commissioners in April 2016. In November 2016 HUC obtained the integrated NHS111 and out-of-hours contract for the county of Cambridgeshire. HUC therefore provided both NHS111 and out-of-hours services in Peterborough at the time of the inspection. We only inspected the out-of-hours part of the service as the NHS111 service was inspected in November 2015 and rated Good overall.

The out-of-hours service in Peterborough provides out-of-hours care for a population of approximately 188,000 people living in Peterborough and surrounding area.

Overall the service is rated as good.

Our key findings were as follows:

- The provider had a clear vision which focussed on quality and safety.

- There were systems in place to help ensure patient safety through learning from incidents and complaints about the service.
- The provider had systems in place to manage medicines but we found that improvement was needed to ensure these were effective. The provider was responsive to our findings and took immediate action.
- The service was not consistently meeting all applicable locally agreed key performance indicators or those known as National Quality Requirements.
- The primary care centre where patients were seen had good facilities and was equipped to meet the needs of patients. Vehicles used for home visits were clean and well equipped.
- Staff generally expressed positive views of the management and leadership. Generally staff felt supported by the senior management team, although some staff said they felt isolated due to shift work patterns.
- The service worked with other organisations and with the local community to develop services.

# Summary of findings

- The service shared experience reports with the clinical commissioning group (CCG) on a monthly basis which contained information on complaints, feedback from professionals, feedback from patients, incidents and accolades.

There were areas of practice where the provider needs to make improvements.

The provider should:

- Maintain medicine stock records appropriately so that they reflect actual stock levels.
- Maintain records of staff's own equipment's calibration.
- Record checks and restocks of clinical rooms and home visit equipment bags.
- Maintain performance in line with local and National Quality Requirement (NQR) key performance indicators' expectations.
- Ensure complaints' guidance is readily available for patients pursuing this.

**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 their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong reviews and investigations were thorough and lessons learned were communicated widely enough to support improvement. Patients received an apology or explanation when one was appropriate.
- Risks to patients were assessed and well managed.
- The provider had systems in place to manage medicines but we found that improvement was needed to ensure these were effective. The service responded immediately to these concerns and addressed them appropriately after our inspection.
- The provider had good systems in place to identify and safeguard patients at risk of harm.
- The service was equipped to respond to unforeseen risks such as medical emergencies and those relating to the smooth running of the service.

### Are services effective?

The service is rated as requires improvement for providing effective services.

Requires improvement



- The provider had systems in place to support clinical staff in keeping up to date. Policies were in place for managing guidance and safety alerts that were received. However, when we spoke with staff during the inspection not all were able to show us how they accessed this information, despite the provider implementing various information pathways for staff.
- The service had a centralised system in place that managed and monitored rota fill. Rota coverage was discussed with the local CCG on a daily basis and had to be approved by the CCG to ensure adequate staff were available.
- We saw evidence that clinical supervision took place with clinicians.
- There were clear structures in place to monitor the performance of the out-of-hours service.
- Clinicians we spoke with were aware of the Mental Capacity Act 2005, as well as consent in relation to the children and young people, known as the Gillick and Fraser Competency Guidelines.

# Summary of findings

- The service was not consistently meeting all applicable locally agreed key performance indicators or those known as National Quality Requirements.
- Staff worked collaboratively with other services in the delivery of patient care and to improve the patient experience.

## Are services caring?

The service is rated as good for providing caring services.

Good



- We observed throughout the inspection that members of staff were courteous and helpful to patients both whilst on the premises and on the telephone.
- For patients who did not have English as a first language, a translation service was available if required.
- We obtained the views of patients who used the out-of-hours service through the CQC comment cards patients had completed. We received 13 comment cards which all contained positive comments about the service, the staff and the care received.

## Are services responsive to people's needs?

The service is rated as good for providing responsive services.

Good



- The service understood and reviewed the needs of the population it served and engaged with the local CCG to provide services that were responsive to the needs of the population.
- The service worked collaboratively with other providers to identify opportunities and develop schemes to improve the services patients received. This included the ambulance service, acute in- hours visiting service, GP practices and minor injuries units to help reduce the potential for hospital admission.
- The provider had good facilities that were well equipped to treat patients and meet their needs.
- Information about how to complain was not readily available. But we did see evidence to demonstrate that the service responded quickly and sensitively 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



- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Locally, day to day management of the service rested with the service manager together with the medical, nursing, quality, audit and governance leads.

# Summary of findings

- The provider had effective governance arrangements in place although some staff informed us they were not always aware where to access certain information.
- 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).
- There was a clear leadership structure in place and most staff we spoke with felt supported by the local management, but were unable to comment in great detail as the local management had changed in January 2017. Several members of staff we spoke with did not always feel well supported and told us they were not able to attend meetings. The provider told us due to shift patterns and part time roles it was difficult to always have everyone attend despite invites being sent to all staff. A senior member of staff had also undertaken various 1:1 meetings with staff to address operational issues and to listen to staff concerns.
- Staff told us they had the opportunity to raise any issues and felt confident and supported in doing so. We were presented with details of a staff survey which indicated various matters had been raised by staff and actions taken accordingly.
- The service shared experience reports with the CCG on a monthly basis which contained information on complaints, feedback from professionals, feedback from patients, incidents and accolades.

# Summary of findings

## What people who use the service say

The National GP Patient Survey asks patients about their satisfaction with the out-of-hours service. These results published in July 2016 were for the whole of Cambridgeshire and Peterborough CCG area. Herts Urgent Care's Peterborough City Care Centre based out-of-hours service only provided services to patients living in Peterborough and surrounding areas.

For the whole of Cambridgeshire and Peterborough CCG area 27,104 surveys were sent out and 11,890 were returned completed, which represented a 44% response rate.

Patients were asked about "their overall experience of NHS service when a GP surgery was closed" to which 69% of respondents thought the service was either very good or fairly good. This was higher than the national average of 67%. 15% thought the service was fairly poor or very poor, compared with the national average of 14%.

65% of patients said they were satisfied with how quickly they received care from the out-of-hours provider compared to the national average of 62%.

87% of patients said they had confidence and trust either "definitely" or "to some extent" in the out-of-hours clinician they saw or spoke to compared to the national average of 86%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which all contained positive comments about the service, the staff and the care received.

The service had gathered feedback from patients through surveys and complaints received. Patients were encouraged to fill in a survey form or contact the service via their website. Results from a feedback survey done from April to June 2016 indicated that 15 out of 17 patients who completed the survey were either "likely" or "extremely likely" to recommend the service to friends and family. Of the remaining two, one was "extremely unlikely" to recommend the service and one was left blank.

The service asked patients what they felt the service did well and where they could do better. Responses included comments such as "good care and timely response", "prompt follow up call from doctor" and "the doctor rang back quickly and was extremely understanding re-assuring". One comment stated that the service could "increase the number of doctors and nurses making it faster to speak to someone."

## Areas for improvement

### Action the service SHOULD take to improve

- Maintain medicine stock records appropriately so that they reflect actual stock levels.
- Maintain records of staff's own equipment's calibration.
- Record checks and restocks of clinical rooms and home visit equipment bags.

- Maintain performance in line with local and National Quality Requirement (NQR) key performance indicators' expectations.
- Ensure complaints' guidance is readily available for patients pursuing this.

# Herts Urgent Care Limited Out-Of-Hours Service, Peterborough City Care Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC lead inspector and the team included three further CQC inspectors, a GP specialist advisor, a nurse specialist advisor and a GP manager specialist advisor.

## Background to Herts Urgent Care Limited Out-Of-Hours Service, Peterborough City Care Centre

Herts Urgent Care (HUC) Limited operates a Social Enterprise; HUC has no shareholders and operates strictly on a not-for-dividend basis where any surpluses are re-invested into the services. HUC was formed in 2007 from the merger of two GP co-operatives to create an urgent care social enterprise. HUC provides a range of healthcare services which includes the contract for the provision of the out-of-hours GP services in Peterborough since April 2016, when they took over the service from the previous provider.

The service was inspected under the previous provider and rated as Inadequate, following which HUC took the service

over with the support of the commissioners in April 2016. In November 2016 HUC obtained the integrated NHS111/ out-of-hours contract for the county of Cambridgeshire. HUC therefore provided both NHS111 and out-of-hours services in Peterborough at the time of the inspection. We only inspected the out-of-hours element as the NHS111 element was inspected in November 2015 and rated Good overall.

The out-of-hours service in Peterborough provides for a population of approximately 188,000 people living in Peterborough and surrounding area.

The out-of-hours service operates from 6.30pm to 8am on weekdays, and continuously from 6.30pm on a Friday evening to 8am on a Monday morning. The service also covers bank holidays and provides a service for patients with urgent medical needs that cannot wait until their GP practice is next open. To access the service patients phone 111. They may then be asked to attend the City Care Centre for a consultation, in some circumstance they may be seen in their home. The City Care Centre premises hosts a walk-in service as well, provided by a different provider. Access to the out-of-hours service was through dialling 111 only although we saw evidence that the provider responded appropriately in the case of patients self presenting.

GPs who work in the out-of-hours service are self-employed and work on a sessional basis. In addition to GPs the



# Detailed findings

provider uses the services of employed and sessional nurses, paramedical staff and drivers at the City Care Centre. The service provided a training environment for trainee GPs with support from GP trainers as per rota availability.

## Why we carried out this inspection

We inspected this service as part of our 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. 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.

We had previously inspected this service in November 2015 when it was provided by a different provider and was rated as Inadequate overall.

## How we carried out this inspection

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

- Is it safe?

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

Before visiting, we reviewed a range of information we held about this out-of-hours service and asked other organisations to share what they knew about the service. We also reviewed information that we had requested from the provider and other information that was available in the public domain.

We carried out an announced visit to the City Care Centre in Peterborough, Cambridgeshire on 8 March 2017.

During our visit we spoke with members of the senior management team, including the Chief Executive Officer, Associate Director of Quality, Head of Integrated Urgent Care, Head of Integrated Governance and we met and spoke with GPs, nurses, receptionists and drivers as well as administrative staff.

We listened to a nurse talking with a patient over the telephone. We did not listen to the caller element of the telephone conversation.

We also reviewed a range of records including staff files, safety records and information regarding complaints and incidents.

This report is about our findings from an inspection of the out-of-hours service at the City Care Centre location in Peterborough only.

# Are services safe?

## Our findings

### Safe track record and learning

The provider was able to demonstrate a good track record of keeping people safe.

Staff we spoke with confirmed they had access to a wide range of procedures, policies and protocols that were available on the provider's computer system that all relevant staff had access to. These policies covered a range of subjects including everyday activity and service delivery aimed at ensuring the best outcomes for patients. We saw they had been regularly reviewed and updated where necessary.

The service had a policy and an incident recording process which was accessible to all staff. There was a system in place for reporting and recording incidents. Staff we spoke with said they would have no concerns reporting any safety incidents and near misses.

We reviewed records of incidents that had occurred since April 2016. There was evidence that the service had identified learning and that the findings were shared with relevant staff to support improvement of the service. Staff told us they were directly involved with the incident process if appropriate.

We reviewed safety records, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the service. The organisation sent out a monthly newsletter and a weekly clinical newsletter to sessional as well as permanent staff, in which significant events were shared and discussed when appropriate.

Medicines recalls were circulated to staff for action if required. The service provider kept records to demonstrate that all relevant alerts had been appropriately actioned.

### Reliable safety systems and processes and practices

All of the staff we spoke with were able to demonstrate a good working knowledge of what may constitute a safeguarding concern and how they would raise a concern. We saw that safeguarding concerns had been directed to the appropriate authority and where possible the outcomes had been fed back to staff.

We reviewed training records which showed staff received training to an appropriate level in safeguarding vulnerable

adults and children as part of their mandatory training; however three members of staff were overdue refresher training for this. The provider informed us this would be addressed imminently. Clinicians were trained to children safeguarding level three.

There were comprehensive safeguarding policies held centrally by the provider and the correct information, including contact details, was available on site electronically or in paper form. The service had a dedicated lead for safeguarding and reported safeguarding matters to the local CCG on a quarterly basis. This was via a comprehensive quarterly report that included figures on referrals for the county of Cambridgeshire as a whole and for specific services. There had been three referrals for the out-of-hours service between October and December 2016.

When receptionists were not available drivers were responsible for observing and monitoring the waiting area with clinical support available on site. The premises were also monitored via CCTV. Having observed the waiting area we found it to be limited in size as, at times, it was used by multiple services including the out-of-hours. Staff confirmed that patients had to stand or sit on the floor due to not enough seats being available; during the inspection we witnessed this situation arise. The provider was aware of this but was not able to make any changes; they had raised it with the building proprietors and the commissioners to seek a resolve.

We saw that there was a protocol in place for staff to contact patients in case of patients not attending their appointments. Staff we spoke with confirmed this and were able to explain the procedure.

There was a chaperone policy (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff told us nurses acted as chaperones. We were shown evidence that criminal record checks through the Disclosure and Barring Service (DBS) had taken place.

The provider maintained appropriate standards of cleanliness and hygiene in the City Care Centre. We observed it to be visibly clean and tidy. Staff had access to appropriate hand washing facilities, personal protective equipment, and equipment for cleaning equipment and

## Are services safe?

spills of bodily fluids. We saw there were cleaning schedules in place and cleaning records were kept. We found the vehicles we inspected were also visibly clean. Consultation rooms we viewed had disposable curtains.

The provider had a nominated infection control lead and up to date infection control policies and procedures were available. We looked at an infection control audit undertaken in May 2016. We saw that areas for improvement were clearly highlighted along with the actions required and progress made. For example, demonstrating good hand washing technique had been put on display. The provider's management team explained that the next audit would be undertaken shortly after the inspection.

### Medicines management

We checked the medicines held on site and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures. Records showed fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.

Processes were in place to check medicines were within their expiry date and suitable for use. Expired and unwanted medicines were disposed of in line with waste regulations. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the service and kept secure at all times.

The provider had a medicines management committee which met quarterly. This group reviewed medicines stocked, made amendments where appropriate and discussed any other medicines management issues. But when we reviewed the medicines stored at the City Care Centre we found there was room for improvement. Records for controlled drugs (CDs) were aligned with the actual stock but this was not consistently the case for other medicines. We noticed there were half filled packets left open and that stock records did not align with the stock in storage. This meant that the provider was not always able to account for what stock was prescribed, lost or used. Shortly after the inspection we were provided with

evidence of checksheets and procedures that been implemented responsively to ensure adequate medicine stock monitoring was in place. The service needed to ensure this process is undertaken effectively going forward.

Patient Group Directions were used by urgent care practitioners (nurses or paramedics who did not prescribe medicines) to supply or administer medicines without a prescriptions. PGDs in use had been ratified in accordance with the Medicines and Healthcare products Regulatory Agency guidance.

### Monitoring safety and responding to risk

Risks to patients and staff were assessed and well managed. We found arrangements relating to health and safety were effective and when risks were identified they were promptly responded to by the provider.

The premises were used by other healthcare services during the 'in hours' period. There were contractual arrangements in place for the management of risks affecting the premises such as fire safety, legionella and cleaning.

Equipment was checked and calibrated to ensure that it was safe to use and working properly. Staff were able to use their own equipment, for example, blood pressure monitors but there were no records in place that provided information on their calibration status. However, the provider had included a clause in agreements with staff that this had to be maintained and did random spot checks to check whether this was in place. Systems were in place to ensure clinical rooms and home visit equipment bags were routinely checked and restocked as required although there were no records kept that indicated this took place. Rooms and bags we checked were appropriately stocked.

The service operated vehicles used for home visits. We saw service records to show that these were regularly maintained. The drivers undertook routine checks of the vehicle to ensure they were clean and to report any faults that needed to be addressed. A driver information pack was present on each vehicle containing a variety of guidance and information drivers may need.

The practice had a system in place to check on GPs' General Medical Council (GMC) registration status on a daily basis. This meant the service could react immediately if a GP was deregistered or had conditions imposed, and therefor potentially not fit to practice, with appropriate

## Are services safe?

actions put in place. The same was done for nurses and their registration at the Nurse Medical Council (NMC) on a monthly basis, but this was being developed into daily practice in the not too distant future.

### **Arrangements to deal with emergencies and major incidents**

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Emergency buttons were present in the consulting and treatment rooms that raised an alarm when activated.

All staff received annual basic life support training and there were emergency medicines available in the treatment area. The service had defibrillators available and oxygen

with adult and children's masks both on the premises and in the response cars. Emergency medicines were securely accessible to staff and all staff knew of their location. All the medicines we checked were in date and fit for use.

We saw that a comprehensive business continuity plan was in place to inform staff in the event that the normal operation of the service was interrupted by such things as failure of power, telephony, staffing issues or loss of a primary care centre.

There was a rota to ensure that there was always a senior member of the management team on call to attend in the event of a major incident. In addition a member of the information technology team were available 24 hours a day to provide support and assistance in the event of IT problems.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The provider 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) evidence based guidelines.

The provider had systems in place to support clinical staff in keeping up to date with guidance but clearer guidance and communication was required to inform staff effectively. Policies were in place for managing NICE guidance and safety alerts that were received.

Staff were able to access guidance from their computers and received regular updates via email and through the providers' weekly newsletter and updates.

However, when we spoke with staff during the inspection not all were able to show us how they accessed this information. The provider informed us they would educate all staff immediately after the inspection so that all were aware of where to find guidance.

### 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 (NQRs are quality standards set out for GP out-of-hours services). The NQRs 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 out-of-hours service receives calls through the NHS 111 service, following which the out-of-hours service acts within set time frames depending on the coding given by the NHS 111 service. We looked at the NQR data relevant to the out-of-hours element, that the service provided us for April 2016 to February 2017. This data showed the following:

NQR 4: 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 sample must be defined in such a way that it will provide sufficient data to review the clinical performance of each individual working within the service. This audit must be led by a clinician with suitable experience in providing out-of-hours care and, where appropriate, results will be shared with the multi-disciplinary team that delivers the service. We saw evidence that the provider complied with this indicator.

NQR 5: Providers must regularly audit a random sample of patients' experiences of the service (for example 1 per cent per quarter) and appropriate action must be taken on the results of those audits. Regular reports of these audits must be made available to the contracting CCG.

Providers must cooperate fully with CCGs in ensuring that these audits include the experiences of patients whose episode of care involved more than one provider organisation. We saw evidence that the provider complied with this indicator since February 2017. Prior to this the service was not complying with this NQR but had consistently undertaken audits.

A programme of continuous clinical and internal audit was used to monitor quality and to make improvements and monthly audit took place on the prescribing of antibiotics for each GP. When we reviewed the audit information we saw evidence of monthly audits on antibiotic prescribing for urinary tract infections. For example, in December 2016 an audit of Trimethoprim prescribing had indicated that out of the seven patients randomly selected all had good clinical indications for a diagnosis of an infection.

The service reported local quality requirements as set by the local commissioners to reflect performance. These were for when patients got to speak to a GP within 60 minutes when a "see a GP" disposition was received from the NHS 111 service. The performance target was 95%.

- We saw evidence that, in the period April 2016 to February 2017, performance for speaking to a GP within 60 minutes when a "see a GP" disposition was received from the NHS 111 service was 81% and ranged between 63% and 88%.

# Are services effective?

## (for example, treatment is effective)

NQR 11: Providers must ensure that patients are treated by the clinician best equipped to meet their needs, (especially at periods of peak demand such as Saturday mornings), in the most appropriate location. Where it is clinically appropriate, patients must be able to have a face-to-face consultation with a GP, including where necessary, at the patient's place of residence.

The service stated they were fully compliant with this indicator since November 2016 up to the date of inspection.

NQR 12: Face-to-face consultations (whether in a centre or in the patient's place of residence) must be started within the following timescales, after the definitive clinical assessment has been completed. This had been amended by the local commissioners to reflect face-to-face consultations within timescales of two hours and four hours. Performance targets for these indicators was 95%, performance was as follows:

Urgent: within two hours.

- We saw evidence that, in the period April 2016 to February 2017, performance for face-to-face consultations at the patient's place of residence was 61% and ranged between 30% and 72%.
- We saw evidence that, in the period April 2016 to February 2017, performance for consultations at a care centre within this indicator was 93% and ranged between 80% and 100%.

Less urgent: within four hours.

- We saw evidence that, in the period April 2016 to February 2017, performance for face-to-face consultations at the patient's place of residence was 88% and ranged between 78% and 96%.
- We saw evidence that, in the period April 2016 to February 2017, performance for consultations at a care centre within this indicator was 98% and ranged between 95% and 100%.

Where local requirements for response times had not been achieved the local CCG had instigated measures for the provider to adhere to. The provider explained that there was a direct correlation between the performance and the rota fill during the month. The provider explained that all breaches were monitored and clinically reviewed, with reports provided to the CCG to monitor potential harm

events. Shift fill was monitored on a daily basis and had clinical sign off between the CCG and the provider as to whether the service was safe to operate. The provider had an action plan in place to address the issues going forward.

### Effective staffing

The service had a centralised system in place that managed and monitored rota fill. There was a dedicated rota manager active in the service centrally. When we reviewed the rota fill we noticed there were gaps, which, the provider explained, were down to recruitment challenges. These challenges were a known concern nationally but also the service highlighted their difficulty in recruiting additional staff due to favourable terms and conditions provided by local agencies and other services.

Arrangements were in place so that the provider could extract resources from its other areas to cover the busier services if required, including the City Care Centre location. When we spoke with staff they confirmed that they occasionally were asked to work from another location.

Staff were able to access the rota system remotely to book shifts. Rotas for times of high demand (for example, winter period) were in place with increased staffing levels to help manage the anticipated increases in demand on health services.

Rota coverage was discussed with the local CCG on a daily basis and had to be approved by the CCG to ensure adequate staff were available.

A payment incentive was introduced by the provider to encourage staff in covering any gaps in the rotas. This was safeguarded by a rota system that flagged up if staff worked too many hours.

We saw evidence that clinical supervision took place with the GPs. GPs underwent supervision as part of their induction and after that there was peer review of consultations using the Royal College of General Practitioners (RCGP) audit tool. Results were collated, analysed and reported by the supervising GP. GPs received feedback about their audits. Clinical staff we spoke with told us senior clinical staff undertook regular reviews of clinical notes for each individual and provided written feedback to the individual. We saw that where performance required improvement this had been identified.



# Are services effective?

(for example, treatment is effective)

Inductions took place but GPs working at the service informed us there were no induction packs available. However, we did see evidence of clinical information packs in the base as well as the cars, and a shift coordinator could be contacted at all times if staff had any queries.

## Working with colleagues and other services

There were clear systems in place to monitor the performance of the out-of-hours service through contract and quality review meetings, clinical governance group meetings and the monitoring of complaints and incidents by the service commissioners. Other stakeholders included the ambulance service, health and community services, acute trusts and patient representatives. All met regularly to discuss performance and improve patient pathways.

## Information sharing

The out-of-hours service used an electronic patient record system. Information provided through the NHS 111 service and from local GPs about patients was accessible to clinicians through this system. The system was also used to document, record and manage care patients received. Information relating to patient consultations carried out in the out-of-hours period was transferred electronically to patients' GPs.

Clinicians were able to view special patient notes (generally started by a patient's GP). These included such information as end of life care, people with long term conditions, those with a do not attempt cardio pulmonary resuscitation notices and frequent callers to the service.

## Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their service. There was a consent policy in place which provided guidance to staff. Clinicians sought patients' consent to care and treatment in line with legislation and guidance.

Clinicians we spoke with were aware of the Mental Capacity Act 2005, as well as consent in relation to the children and young people, known as the Gillick and Fraser Competency guidelines. Records indicated all staff, except for one member, were up to date with their Mental Capacity Act training.

# Are services caring?

## Our findings

### Dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and helpful to patients both whilst on the premises and on the telephone. We listened to a nurse talking to a patient on the telephone; we did not listen to the caller side of the conversation. We heard the nurse speak in a professional and caring manner.

We noted that consultation and treatment room doors at primary care centres were closed during consultations and conversations taking place in these rooms could not be overheard.

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

We obtained the views of patients who used the out-of-hours service through the CQC comment cards patients had completed. We received 13 comment cards which all contained positive comments about the service, the staff and the care received.

The service had gathered feedback from patients through surveys and complaints received. Patients were encouraged to fill in a survey form or contact the service via their website. Results from a feedback survey done from April to June 2016 indicated that 15 out of 17 patients who completed the survey were either “likely” or “extremely likely” to recommend the service to friends and family. Of the remaining two, one was “extremely unlikely” to recommend the service and one was left blank.

The National GP Patient Survey asks patients about their satisfaction with the out-of-hours service. These results published in July 2016 were for the whole of Cambridgeshire and Peterborough CCG area. Herts Urgent Care’s Peterborough City Care Centre based out-of-hours service only provided services to patients living in Peterborough and surrounding areas.

For the whole of Cambridgeshire and Peterborough CCG area 27,104 surveys were sent out and 11,890 were returned completed, which represented a 44% response rate.

- Patients were asked about “their overall experience of NHS service when a GP surgery was closed” to which 69% thought the service was either very good or fairly good. This was higher than the national average of 67%. 15% thought the service was fairly poor or very poor, compared with the national average of 14%.
- 65% of patients said they were satisfied with how quickly they received care from the out-of-hours provider compared to the national average of 62%.
- 87% of patients said they had confidence and trust (“definitely” or “to some extent”) in the out-of-hours clinician they saw or spoke to compared to the national average of 86%.

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

Patients we spoke with and comments on CQC comment cards indicated that patients were satisfied with their involvement in decisions about their care and treatment. Clinicians were alerted to special notes from the patient’s usual GP if these were available. Special notes are a way in which the patient’s usual GP can raise awareness about their patients who might need to access the out-of-hours service, such as those nearing end of life and their wishes in relation to care and treatment.

Staff had a good understanding of consent and involving patients in decision making. A range of information was made available to clinical staff around capacity and decision making to support them in their work. This included up to date policies, case studies and training.

For patients who did not have English as a first language, a translation service was available if required. The provider had clear systems in place to signpost callers to other services. For example, mental health services. The service had information available to support relatives in the event of bereavement.

We found the service to be sensitive to patient needs and worked proactively to deliver care that supported them. For example, working with other providers such as district nursing teams and GP practices to develop continuity of care between services.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Herts Urgent Care worked closely with the commissioner of the service to ensure that services were planned and delivered in line with patient needs. The various stakeholders including community and acute trusts, ambulance services, clinical commissioning groups and patient representatives worked with the provider to best identify and meet those needs. This was achieved by formal governance arrangements including monthly or quarterly reporting on performance, quality, clinical governance and complaints and incident monitoring.

The service reviewed the needs of its local population to secure improvements to services where these were identified.

- Home visits were available for patients whose clinical needs resulted in difficulty attending a primary care centre.
- There were accessible facilities, a hearing loop and translation services were available. Staff had easy access to a telephone interpreter service whereby a teleconference could be set up to include the patient, interpreter and clinician.
- Reasonable adjustments had been made and action was taken to remove barriers when patients find it hard to use or access services. For example, the use of a room to discuss private matters.

There were arrangements in place to cover equality and diversity issues and there were policies to support staff in understanding and meeting the needs of patients who may require extra support.

### Access to the service

The out-of-hours service operated between 6.30pm and 8am Monday to Friday and 24 hours on a Saturday, Sunday and bank holidays. Patients accessed the service through the NHS 111 telephone number, also provided by Herts Urgent Care. Calls were triaged by the NHS 111 service and patients assessed as needing a face to face consultation were booked directly for an appointment or referred for a home visit. We saw evidence that patients were given clear directions on how to find the out-of-hours centre.

The service asked patients what they felt the service did well and where they could do better. Responses included

comments such as “good care and timely response”, “prompt follow up call from doctor” and “the doctor rang back quickly and was extremely understanding re-assuring”. One comment stated that the service could “increase the number of doctors and nurses making it faster to speak to someone.

### Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns but information on how to complain was not readily available at the City Care Centre for patients. There was a feedback option on the provider's website. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Complaints were recorded and consequently reviewed at internal quality meetings. We also saw evidence that patients experiences, which included complaints, was discussed at quality meetings with external stakeholders.

We looked at the records of the complaints received about the out-of-hours service since April 2016 and saw they had been appropriately recorded, investigated and responded to. The investigations included, where appropriate, an apology to the complainant.

All complaints had been categorised (for example, staff attitude or waiting times) to help identify any trends. Learning from complaints was shared with staff when appropriate and individual members of staff concerned in the complaint were directly involved. Where necessary action was taken to prevent any re-occurrence by means of additional support, training, supervision or reflection.

Records clearly showed the provider fulfilled its duty of candour and people were told when they were affected by something that went wrong. We saw letters of apology had been sent when it was appropriate.

Anonymised details of each complaint and the manner in which it has been dealt with, was reported to the contracting CCG in a monthly patient experience report. This was in line with the national quality requirements. We saw that all complaints were audited in relation to individual staff so that, where necessary, appropriate action was taken.

# Are services responsive to people's needs?

(for example, to feedback?)

We saw evidence that the provider proactively shared learning from complaints with other organisations as appropriate and added learning outcomes to newsletters that were sent to staff in both the out-of-hours and the NHS 111 service as well as GP practices in the area.

NQR 6: Providers must operate a complaints procedure that is consistent with the principles of the NHS complaints procedure. They will report anonymised details of each

complaint, and the manner in which it has been dealt with, to the contracting CCG. All complaints must be audited in relation to individual staff so that, where necessary, appropriate action can be taken. We saw evidence that this took place consistently and information on complaints was shared with the CCG in a monthly patient experience report.

# 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 leadership, governance and culture of the organisation were used to drive and improve the delivery of high quality person-centred care.

The provider had a clear vision to deliver a high quality service and promote good outcomes for people using the service. This included statements that outline that the provider “was dedicated to providing safe, high quality, patient focused, urgent care services; using as far as possible, local clinicians working in partnership with local staff and the local community to deliver healthcare”.

The service had an effective strategy and supporting business plans that reflected the vision and values and these plans were regularly monitored. Staff we spoke with were aware of the vision and values but some staff did comment that engagement from the senior leadership could be intermittent.

### Governance arrangements

HUC had effective governance arrangements in place and a number of committees were responsible for service delivery. These included: stakeholder council, finance and scrutiny committee, clinical governance committee, integrated governance committee and remuneration committee. The lines of responsibility and reporting were clear and unequivocal.

There was an overarching governance framework that supported the delivery of the strategy and good quality care, but some elements required improvement:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Locally, day to day management of the service rested with the service manager together with the medical, nursing, quality, audit and governance leads.
- 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 the local clinical commissioning group as part of contract monitoring arrangements. Where local requirements for response times had not been achieved the local CCG had

instigated measures for the provider to adhere to. The provider explained that there was a direct correlation between the performance and the rota fill during the month. The provider explained that all breaches were monitored and clinically reviewed, with reports provided to the CCG to monitor potential harm events. Shift fill was monitored on a daily basis and had clinical sign off between the CCG and the provider as to whether the service was safe to operate. The provider had an action plan in place to address the issues going forward

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example, antibiotic prescribing for urinary tract infections.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Record keeping on medicine stock records, equipment calibration and restocks of clinical rooms and home visit equipment bags were not routinely recorded.
- The service had a system in place for handling complaints and concerns but information on how to complain was not readily available at the City Care Centre for patients at the time of our inspection. We were informed by the provider that this was an anomaly and was addressed immediately.

### Leadership, openness and transparency

Herts Urgent Care was led by an experienced management team who were supported by a board of directors with wide ranging experience including pharmacology, finance, urgent care provision, human resources and GP services. There were clear lines of accountability within the service. The provider's leadership structure was set up in such a way that there was local leadership accountable for delivery of the out-of-hours service. The local leadership team which had changed in January 2017 were supported and overseen by a national leadership team who in turn were overseen by board level management.

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). The partners encouraged a culture of openness and honesty. The service had systems in place to ensure that when things went

# Are services well-led?

Good 

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

wrong with care and treatment and gave affected people an explanation based on facts and an apology where appropriate, in compliance with the NHS England guidance on handling complaints.

There was a clear leadership structure in place and most staff we spoke with felt supported by the local management but were unable to comment in great detail as the local management had changed in January 2017. Several members of staff we spoke with did not always feel well supported and told us they were not able to attend meetings. Where staff told us they were not able to attend, the provider told us due to shift patterns and part time roles it was difficult to always have everyone attend. The provider informed us that a senior member of staff had undertaken various 1:1 meetings with staff to address operational issues and to listen to staff concerns.

- There were other arrangements in place to ensure the staff were kept informed and up-to-date. This included regular various newsletters and clinical meetings for GPs; these meetings were open for all staff to attend. Staff were able to access guidance from their computers and received regular updates via email and through the providers' weekly newsletter and updates. However, when we spoke with staff during the inspection not all were able to show us how they accessed information, despite the provider implementing various information pathways for staff. The provider informed us they would educate all staff immediately after the inspection so that all were aware of where to find guidance.
- Staff told us there they had the opportunity to raise any issues and felt confident and supported in doing so.
- There was a whistleblowing policy in place and all staff we spoke with, except for one GP, knew where to find this. When we reviewed the policy we found it was up to date and relevant but did not contain any contact details for external bodies. The provider told us during the inspection they would address this immediately.

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

The service encouraged and valued feedback from patients, the public and staff. It sought patients' and staff feedback and engaged patients in the delivery of the service. For example, there was information on display that encouraged patients to comment on the services provided.

- The service had gathered feedback from staff through staff meetings, appraisals and discussion. Staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- The service had gathered feedback from patients through surveys and complaints received. Patients were encouraged to fill in a survey form or contact the service via their website. Results from a feedback survey done from April to June 2016 indicated that 15 out of 17 patients who completed the survey were either "likely" or "extremely likely" to recommend the service to friends and family. Of the remaining two, one was "extremely unlikely" to recommend the service and one was left blank.

The service asked patients what they felt the service did well and where they could do better. Responses included comments such as "good care and timely response", "prompt follow up call from doctor" and "the doctor rang back quickly and was extremely understanding re-assuring", but also to "increase the number of doctors and nurses making it faster to speak to someone".

The service shared experience reports with the CCG on a monthly basis which contained information on complaints, feedback from professionals, feedback from patients, incidents and accolades. For example, the report for December 2016 indicated that the provider had received 22 complaints against a total of 23,269 calls received and five professional feedback forms were received.

We were presented with details of a staff survey which indicated the following matters (amongst others) had been raised by staff, with the actions taken accordingly.

- 'More communication from senior management of the NHS111 call centre, both direct with staff on a 1:1 basis, and out in the call centre during shifts.' In response the provider informed us they provided weekly updates sent by senior management, introduced a new communications team who sent out monthly newsletters and produced mobilisation newsletters.
- 'Use better quality computers, monitors and cables to reduce breakages.' In response the provider informed us they had updated computers where necessary.
- 'Improve the balance between request to work extra hours and holiday approvals.' In response the provider informed us a new rota pattern would help support requests for annual leave.

# Are services well-led?

Good 

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

- 'Conduct more shift manager meetings to discuss issues arising on shift and the contents of shift reports'. In response the provider informed us regular shift management meetings took place.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. The management team was forward thinking and proactive in sharing information with other services.

The service provided a training environment for trainee GPs with support from GP trainers as per rota availability. We did not speak to trainees, but there was potential that getting sufficient trainee hours was problematic, as the number of shifts designated for training was limited due to service demand.