

Peterborough City Care Centre

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Herts Urgent Care (HUC) out-of-hours and NHS111 service provided from the City Care Centre in Peterborough, Cambridgeshire on 10 May 2018.

The service was inspected in March 2017 and rated as good, with the service being rated as requires improvement for delivering effective out-of-hours services. We did not inspect the NHS111 service in the March 2017 inspection.

In November 2016, HUC obtained the integrated NHS111 and out-of-hours contract for the whole county of Cambridgeshire. HUC therefore provided both NHS111 and out-of-hours services for the whole of Cambridgeshire at the time of this inspection.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The provider actively monitored any patient contact involving child protection and safeguarding adults.
- The provider had systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment and vaccines, which helped to minimise risks. Controlled drug registers were not consistently maintained in line with best practice guidance and there was no process to monitor the use of computer prescription forms. A senior member of staff we spoke with was not aware of the national guidance on prescription security. Following our inspection the provider took action and developed electronic solutions for recording information relating to prescriptions.

- The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Some staff we spoke with explained that local leadership and guidance in the form of policies and procedures was not always as desired. Also, some staff felt guidance in the form of policies and procedures had been slow to be implemented. The provider explained that due to external circumstances, outside of the provider's control, implementation of some systems, policies and procedures had taken longer than expected. The provider was in the process of trying to recruit a GP clinical lead and clinical workforce manager for the Cambridgeshire area.
- Performance did not always meet contractual targets but was in line with, or exceeded, national performance.
- There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs.

We saw one area of outstanding practice:

- The provider had an option available for patients that dialled NHS111 because of a concern for their mental health wellbeing; they could be redirected to the local mental health service single point of contact without needing to speak to NHS111 staff first. This approach had been developed locally and was being considered in other areas of the country. The provider communicated with the mental health service on a regular basis and the direct access option was reviewed by the mental health service regularly, with any outcomes or learning shared between the two services.

The areas where the provider **should** make improvements are:

- Review the policy and process for managing Controlled Drugs.

Overall summary

- Continue to monitor electronic solutions for recording information relating to prescriptions.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector, two GP specialist advisers, a member of the CQC medicines team and a practice management specialist adviser.

Background to 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 has provided a range of healthcare services including the contract for the provision of the out-of-hours GP and NHS111 services in Cambridgeshire since November 2016.

The integrated care service in Cambridgeshire provides services for a population of approximately 900,700 people living in Cambridgeshire. This service is delivered from the NHS111 centre based in Peterborough, and out-of-hours GP locations throughout Cambridgeshire, including: Doddington, Cambridge, Ely, Huntingdon and Peterborough.

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 open. To access the service patients phone 111. They may then be asked to attend an out-of-hours GP location for a consultation, in some circumstances they may be seen in their home or referred to an alternative service. The City Care Centre premises hosts a walk-in service which provided by a different provider and we did not inspect this service. Access to the out-of-hours service is 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 provider uses the services of employed and sessional nurses, paramedic staff and drivers. The service provides a training environment for trainee GPs (Registrars) with support from GP trainers as per rota availability.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had Health & Safety policies which were regularly reviewed and communicated to staff, but there were no Control of Substances Hazardous to Health (COSHH) information sheets available prior to the inspection. The provider took responsive action and implemented these for the three required products on the day of the inspection. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The provider actively monitored any patient contact involving child protection and safeguarding adults. They differentiated between, and reported on, the various types of safeguarding concerns, including (amongst others) domestic abuse, emotional abuse and self-harm. During March 2018, 48 safeguarding alerts were raised, of which 12 related to children/young adults. Clinical advisors were involved in all safeguarding referrals and the provider was in the process of developing safeguarding champions amongst the clinical advisors.
- The service worked with other agencies, such as social services and emergency services to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). DBS checks compliance was at 95% for 260 staff, the provider assured us that the remaining staff were not allowed to work with patients

or have access to their details without a DBS check in place. The provider undertook daily checks of the General Medical Council register to ensure doctors working at the service were registered; if this wasn't the case a doctor would not be allowed to work. Checks for nurses registered with the Nursing and Midwifery Council were also in place.

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. GPs were trained to safeguarding level three; other clinical staff to level two and two senior leaders were trained to level four. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. There was an infection control lead who aimed to undertake infection control audits at each location twice a year. We were provided with evidence of a year's worth of audits that indicated actions were taken in response to findings. For example, at the Doddington location some chairs were replaced in September 2017.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We did note that at one out-of-hours base, paediatric pads for the defibrillator were not present, but staff explained they would contact the on-site emergency team if required as they were situated in a hospital. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand. For the NHS111 service, the provider always maintained a minimum of 1:4 ratio of clinical advisor to call handlers.
- There was an effective induction system for temporary staff tailored to their role. Information folders containing information about procedures and local services were available for staff in consultation rooms.

Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff, the service assessed and monitored the impact on safety. Satellite locations throughout Cambridgeshire had various priority tiers assigned so that in the situation of a sudden staff shortage certain locations could be closed and the workload allocated to other locations.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The provider issued a variety of regular circulars and staff newsletters with varying topics to inform or educate staff.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had systems for appropriate and safe handling of medicines but improvement was required.

- The provider had systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment and vaccines, which helped to minimise risks but improvement was required.
- A part time pharmacist provided pharmaceutical advice and support two days per week. There was no cover at other times, and day to day medicines management at the bases was the responsibility of non-clinical staff.

They were appropriately trained and competent for most of the tasks they carried out but were not always aware of the regulations and national guidance relating to medicines. Time availability for these staff to undertake their role effectively was also limited. The provider told us they were in the process of recruiting a pharmacy technician to provide additional support.

- The service kept prescription pads securely and monitored their use, however they did not have a process to monitor the use of computer prescription forms and senior staff we spoke with were not aware of the national guidance on prescription security, specifically: the NHS Counter Fraud Authority guidance on the security of prescription forms updated March 2018. Following our inspection the provider took action and developed electronic solutions for recording information relating to prescriptions.
- Arrangements were in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately.
- The provider held stocks of controlled drugs, controlled by law to prevent misuse, in accordance with a Home Office licence. The drugs were stored and transported securely and the quantities in stock correctly matched the records both at the head office and the three bases that we checked. However, the records were difficult to follow and were not consistently maintained in line with regulations or the provider's own policy. Staff we spoke with were not always aware of the requirements.
- The provider had identified through audits that some prescriptions for controlled drugs were in excess of the recommended quantities and had taken steps to remind prescribers of the policy.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

Are services safe?

- Processes were in place for checking medicines other than controlled drugs and staff kept accurate records of medicines.
- If prescribers needed to prescribe high risk medicines, for example if a patient had run out of a medicine usually prescribed by their GP, they had access to the relevant test results to ensure it was safe to prescribe.
- Palliative care patients were able to receive prompt access to pain relief and other medicines required to control their symptoms.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. We saw evidence that staff training had been implemented as a result of significant events. For example, reminder training had been delivered to NHS111 call handling staff of how to provide CPR guidance over the phone.
- There was a system for receiving and acting on safety alerts. Any relevant information was shared through regular information sharing forums such as newsletters.
- Joint reviews of incidents were carried out with partner organisations, including the local Clinical Commissioning Group. We saw evidence that managers from different geographical areas within the organisation undertook reviews to allow for a fair process.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Some staff informed us that leaders' and managers' support was mixed when they did so. Some staff reported that leaders did not always follow up reported incidents in an empathetic and supportive manner.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. Feedback was provided to individual members of staff where relevant and outcomes, where relevant, were shared in staff circulars. Managers had received root cause analysis training. If any themes were identified they were escalated to all areas of the organisation to share learning.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service. For example, following a significant event in relation to the NHS111 computer system, the provider shared information with the software provider to alert them.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Telephone assessments were carried out using a defined operating model. Staff were aware of the operating model which included an initial assessment via NHS111, a transfer of calls from NHS111 to the out-of-hours service and further assessment by clinicians using dedicated assessment tools and pathways.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. There was a system in place to identify frequent callers and patients with particular needs; for example, palliative care patients, and care plans, guidance and protocols were in place to provide the appropriate support. Repeat callers (a caller who makes more than three calls in 72 hours) had a requirement imposed to be called back by a GP within one hour.
- Technology and equipment were used to improve treatment and to support patients' independence. For example, systems were in place to support deaf people when dialling the NHS111 service.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

8 Peterborough City Care Centre Inspection report 11/07/2018

- From 1 January 2005, all providers of out-of-hours services were required to comply with the National Quality Requirements (NQRs) for out-of-hours providers. The NQRs are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to their clinical commissioning group (CCG) on their performance against the 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. Some NQRs were replaced by Local Quality Requirements due to the service being provided being an integrated one (both NHS111 and out-of-hours by one provider). Data indicated:
 - Performance for patients speaking to a GP in the out-of-hours service within 60 minutes against the local target of 95% was as follows:
 - In March 2018: 77%.
 - In February 2018: 74%
 - In January 2018: 77%
 - In December 2017: 72%.
 - In November 2017: 85%
 - In October 2017: 65%.
 - Performance for patients being seen at an out-of-hours base within four hours in the period October 2017 to March 2018 ranged from 81% to 93% against the local target of 95%.
 - Performance for patients being seen at home within four hours in the period October 2017 to March 2018 ranged from 75% to 82% against the local target of 95%.
 - Performance for patients being called back by a health care professional within ten minutes ranged from 84% to 87% against the local target of 95%.
- The provider met various NQRs at 100% compliance, including:
 - All out-of-hours consultations details were sent to patients' GPs by 8am the next morning.
 - Clinical audit was ongoing. A minimum of 1% of contacts was sampled. Every clinician working in the

Are services effective?

relevant month was audited by the GP lead through a minimum of two patient contacts. Nurses had an additional peer audit by a nurse. Feedback was provided individually and shared where relevant.

- Patient satisfaction surveys were ongoing. The service audited a random sample of patient contacts to include visits, face to face contacts and telephone assessments. A minimum of 1% or 50 (whichever was greater) questionnaires was sent out.
- Providers of NHS 111 services are required to submit call data every month to NHS England by way of the Minimum Data Set (MDS). The MDS is used to show the efficiency and effectiveness of NHS 111 providers. We saw the most recent results for the service which showed the provider was meeting the following national performance indicators for calls received. For example, data for April 2018 indicated:
 - Performance for calls answered within 60 seconds ranged between 82% and 91%, compared to the national average range which was between 75% and 89%.
 - Performance for calls abandoned after 30 seconds ranged between 2% and 4%, compared to the national average range which was between 2% and 5%.
 - Performance for calls transferred to, or answered by, a clinical advisor ranged between 69% and 78%, compared to the national average range which was between 31% and 35%.
- The service was not consistently meeting its locally agreed targets as set by its commissioner and had received various performance notices from them. We noted that performance did not always meet contractual targets but was in line, or exceeded, national performance. For example:
 - Performance for calls abandoned after 30 seconds for March 2018 was 8%. The commissioner's target was 5% or below. The national performance for this period was 7%.
 - Performance for calls back to patients within 10 minutes for March 2018 was 60%. The commissioner's target was 95% or above. The national performance for this period was 40%.

In addition:

- Performance for ambulance dispatches for March 2018 was 13%, compared to the national average of 12%.
- Performance for recommendations to patients to attend A&E was 9%, compared to the national average of 8%.
- Where the service was not meeting the target, the provider had put actions in place to improve performance in this area. The service had appointed a new lead individual for the area and was experiencing difficulties in GP recruitment due to other local schemes offering more competitive pay rates for clinicians. The service used information about care and treatment to make improvements. Remedial action plans agreed with the commissioners had led to some improvements, including the improvement of warm transfer rates of calls (transfer of a call to a clinician) from 67% in 2017/18 to 75% in April 2018. The commissioner's target was 85%. National performance for this indicator in April 2018 was 34%.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to resolve concerns and improve quality. For example, the provider continuously audited antimicrobial anti-bacterial prescribing, with a focus on prescribing for different illness groups every month. Information from the January 2018 audit indicated that out of 17 cases where prescriptions for otitis media (a group of inflammatory diseases of the middle ear) were issued, 94% were issued within guidance. In all cases the correct antibiotics used.
- We also saw various other audits that had been completed or were in progress, including audits on the use of ambulance resources for emergency dispatch, the use of additional services for patients with mental health concerns and health advisor competency audits. The latter indicated that in March 2018 2% of calls (equivalent to 316 calls) were audited with an average audit score of 93%, compared to January 2018 score of 91% on 1% (311) of calls

Effective staffing

Most staff had the skills, knowledge and experience to carry out their roles.

Are services effective?

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered various topics including Pathways training for NHS111 staff.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided training to meet those needs. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. There was a guide in operation that outlined the varying training requirements and their intervals for all different roles in the organisation. Staff training uptake for various mandatory elements was monitored by the provider. Overall organisational compliance was 97% at the time of our inspection. The provider monitored training compliance in staff groups and we saw evidence that compliance for contact centre staff was 98%, for out-of-hours staff (drivers and receptionists) it was 97% and for clinical staff it was 91%.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. We also saw evidence of positive support for a member of staff that was pregnant.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. Call reviews were used to highlight individual training needs and to assess overall compliance with guidelines. Appraisals for contracted staff were undertaken annually and we noted that for the majority of staff groups compliance was 100%. One outlier of staff groups where appraisals required improvement was for call centre navigators with only 38% having completed an appraisal, however they had all been planned. With completion rates ranging between 80% and 90% there was also room for improvement in undertaking appraisals for call centre shift managers,

call centre dispatchers and for out-of-hours receptionists and drivers. Shortly after the inspection the provider informed us that all appraisals had been completed.

- Absence, including sickness levels, and the number of agency staff used were monitored on an ongoing basis.

Coordinating care and treatment

Staff worked together, and worked well with other organisations to deliver effective care and treatment.

- We saw records that showed all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, for mental health patients there was a direct access option to the mental health single point of contact when dialling NHS111 without the need to speak with NHS111 staff first. Staff communicated promptly with patients' registered GPs so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure callers were referred to other services for support as required. For example, to the ambulance service and/or police in case of the patient being in an emergency.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- An electronic record of all consultations was sent to patients' own GPs.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Are services effective?

- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that required them. Staff were empowered to make direct referrals and/or appointments for patients with other services.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- The service identified patients who may be in need of extra support. For example, a personal care plan had been implemented for a frequent caller (someone who contacts the service often).
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, to the local ambulance service.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.
 - Performance for ambulance dispatches for March 2018 was 13%, compared to the national average of 12%.
 - Performance for recommendations to patients to attend A&E was 9%, compared to the national average of 8%.
- Where the service was not meeting the target, the provider had put actions in place to improve performance in this area. The service had appointed a new lead individual for the area and was experiencing

difficulties in GP recruitment due to other local schemes offering more competitive pay rates for clinicians. The service used information about care and treatment to make improvements. Remedial action plans agreed with the commissioners had led to some improvements, including the improvement of warm transfer rates of calls (transfer of a call to a clinician) from 67% in 2017/18 to 75% in April 2018. The commissioner's target was 85%. National performance for this indicator in April 2018 was 34%.

- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to resolve concerns and improve quality. For example, the provider continuously audited antimicrobial anti-bacterial prescribing, with a focus on prescribing for different illness groups every month. Information from the January 2018 audit indicated that out of 17 cases where prescriptions for otitis media (a group of inflammatory diseases of the middle ear) were issued, 94% were issued within guidance. In all cases the correct antibiotics used.
- We also saw various other audits that had been completed or were in progress, including audits on the use of ambulance resources for emergency dispatch, the use of additional services for patients with mental health concerns and health advisor competency audits. The latter indicated that in March 2018 2% of calls (equivalent to 316 calls) were audited with an average audit score of 93%, compared to January 2018 score of 91% on 1% (311) of calls

Effective staffing

Most staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered various topics including Pathways training for NHS111 staff.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided training to meet those needs. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. There was a guide in

Are services effective?

operation that outlined the varying training requirements and their intervals for all different roles in the organisation. Staff training uptake for various mandatory elements was monitored by the provider. Overall organisational compliance was 97% at the time of our inspection. The provider monitored training compliance in staff groups and we saw evidence that compliance for contact centre staff was 98%, for out-of-hours staff (drivers and receptionists) it was 97% and for clinical staff it was 91%.

- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. We also saw evidence of positive support for a member of staff that was pregnant.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. Call reviews were used to highlight individual training needs and to assess overall compliance with guidelines. Appraisals for contracted staff were undertaken annually and we noted that for the majority of staff groups compliance was 100%. One outlier of staff groups where appraisals required improvement was for call centre navigators with only 38% having completed an appraisal, however they had all been planned. With completion rates ranging between 80% and 90% there was also room for improvement in undertaking appraisals for call centre shift managers, call centre despatchers and for out-of-hours receptionists and drivers.
- Absence, including sickness levels, and the number of agency staff used were monitored on an ongoing basis.

Coordinating care and treatment

Staff worked together, and worked well with other organisations to deliver effective care and treatment.

- We saw records that showed all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from

hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, for mental health patients there was a direct access option to the mental health single point of contact when dialling NHS111 without the need to speak with NHS111 staff first. Staff communicated promptly with patients' registered GPs so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure callers were referred to other services for support as required. For example to the ambulance service and/or police in case of the patient being in an emergency.

- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- An electronic record of all consultations was sent to patients' own GPs.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that required them. Staff were empowered to make direct referrals and/or appointments for patients with other services.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- The service identified patients who may be in need of extra support. For example, a personal care plan had been implemented for a frequent caller (someone who contacts the service often).
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, to the local ambulance service.

Consent to care and treatment

Are services effective?

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Call handlers gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices informing patients this service was available. The

provider informed us they dealt with approximately 90 calls per month where interpretation services were used. There was also a system in place to ensure patients that were deaf could access the service.

- Patients we spoke with 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.
- For patients with learning disabilities or complex social needs, family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and interpretation services were available.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of its population and tailored services in response to those needs. For example, the provider had an option available for patients that dialled NHS111 because of a concern for their mental wellbeing, to redirect them to the local mental health service single point of contact without the need to speak to NHS111 staff first. This approach had been developed locally and was being considered in other areas of the country. The provider communicated with the mental health service on a regular basis and the direct access option was reviewed by the mental health service regularly, with any outcomes or learning shared between the two services.
- The provider engaged with commissioners to secure improvements to services where these were identified. Since the adoption of the contract for the whole of Cambridgeshire the provider had experienced a variety of operational challenges. This included medicine management difficulties. As a result the local Clinical Commissioning Group (CCG) had worked with, and supported, the provider through various means, such as action plans, a review of medicine management policies and placing a medicine management lead in the service for a three month period.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. For example, for those patients that were under an advance directive, staff could view this information via Special Patient Notes on patients' records. Care pathways were appropriate for patients with specific needs, for example, those at the end of their life, babies, children and young people.
- The facilities and premises were generally appropriate for the services delivered although we found the waiting area at the Peterborough location limited in size. The provider did not own these premises and was not the only service that made use of the space. They were therefore limited to amendments that could be made.

- The service made reasonable adjustments when people found it hard to access the service. For example, there was direct access to the local mental health service and home visits were available for those not able to travel to any of the locations.
- The service was responsive to the needs of people in vulnerable circumstances. For example, there were processes and pathways in place for dealing with frequent callers and patients that had to repeatedly access the out-of-hours service.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients were able to access care and treatment at a time to suit them. The out-of-hours service operated 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 covered bank holidays.
- Patients could access the out-of-hours service via NHS 111. The service did not see walk-in patients and a policy was in place which clearly outlined what approach should be taken when patients arrived without having first made an appointment, for example, patients were told to call NHS 111 or referred onwards if they needed urgent care. All staff we spoke with were aware of the policy and understood their role with regards to it, including ensuring that patient safety was a priority.
- Waiting times, delays and cancellations were managed appropriately. Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited. Comfort calls were made to patients if waiting times extended excessively.
- The service engaged with people who are in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services.
- Patients with the most urgent needs had their care and treatment prioritised.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 173 complaints were received between April 2017 and March 2018 from patients and relatives, and 193 from other health professionals. We reviewed a random sample of nine complaints and found they were satisfactorily handled in a timely way.
- Verbal as well as written complaints were recorded and feedback was provided to staff. If a complaint involved a clinical member of staff a senior clinician would feed back to them.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care and shared this information in staff newsletters and on a weekly basis to the call centre. Complaints submitted by other healthcare professionals were responded to in the same manner as patient complaints. Trend analysis was carried out on these complaints and reported to the local CCG.

Are services well-led?

We rated the service as good for being well led.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The local commissioners had supported the provider by providing a full time leading member of staff to drive improvement in medicine management matters. A review was required to ensure the process for managing Controlled Drugs was adhered to.
- Additional staff for medicines management had not yet been appointed as per recommendations, but the provider explained this was in process.
- A member of the leadership team that we spoke with was not aware of the national guidance on prescription security.
- Leaders explained to us that they were visible and approachable at all levels but operational staff did not consistently agree with this, specifically in the out-of-hours service we received a mixed response from a small number of staff. Local management worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.

- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider had forums (meetings, newsletters etc.) in place so that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

Culture

The service had a culture of high-quality sustainable care.

- Staff responses were mixed when asked if they felt respected, supported and valued. The majority of staff were proud to work for the service and felt supported. But following a transition period away from the previous provider a small number of the out-of-hours services staff felt standards had not been maintained and they explained that local leadership and guidance in the form of policies and procedures had been slow to be implemented. The provider explained that due to external circumstances, outside of the provider's control, implementation of some systems, policies and procedures had taken longer than expected. The provider was in the process of trying to recruit a GP clinical lead and clinical workforce manager for the Cambridgeshire area.
- The service and its staff focused on the needs of patients.
- Leaders and managers acted upon the behaviours and performance that they found inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Are services well-led?

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. There was a mixed response when asked if they had confidence that these would be addressed, although the majority of staff felt they would be acted upon.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Although some appraisals were outstanding at the time of inspection they had all been planned. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff. We saw evidence of positive support for a member of staff who was pregnant.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were generally positive relationships between staff and teams. However, we were presented with three scenarios where staff felt they were not valued in their role. Some staff informed us that leaders' and managers' support was mixed when they had raised incidents.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of patient safety alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements. When we reviewed performance we found the provider did not always meet contractual requirements but was generally in line with, and at times better than, national averages.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had plans in place for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.

Are services well-led?

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, leaders explained that they rotated meetings with out-of-hours staff around the different locations so that as many staff as possible could attend at least annually. Patient feedback was collected on a regular basis as part of a quality indicator requirement. A monthly report was produced for staff and stakeholders that analysed and summarised outcomes. The report for March 2018 indicated:
 - Ten complaints had been received from 25,327 calls.
 - Seven professional feedback forms had been received from 25,327 calls
 - Patient feedback was generally positive with three patients being 'unlikely' or 'extremely unlikely' to recommend the telephone advice consultation service, and 21 were 'likely' or 'extremely likely' to recommend this.
 - 25 incidents were raised.
 - One serious incident was raised.
 - Three accolades had been received.
- Friends & Family Test data from January 2018 indicated that 94% of the patients who responded to the surveys would be either extremely likely or likely to recommend the provider's services to friends and family if they needed similar care or treatment.
- Staff were able to describe to us the systems in place to give feedback, such as appraisals and audit processes. Staff who worked remotely were engaged and able to provide feedback through quarterly meetings, incident reporting and direct communication. When we spoke with remote staff there was a mixed response as to whether the systems were effective for remote, part time out-of-hours staff who also maintained roles at other organisations.
- We saw evidence of the most recent staff survey in 2017, undertaken by an external agency. 291 responses were received from 709 invites. The provider had concluded that: "Where comparisons can be made to National NHS111 2016 results, staff from Herts Urgent Care are generally more positive than the national average. There is just one score that is lower and this is for staff reporting they are satisfied with the recognition they get for good work."
- Numerous questions were asked on development, managers, wellbeing and various other topics. Results were also comparable with other services that had undertaken the NHS Community Trusts 2017 NHS Staff Survey.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service. The provider was in the process of trying to recruit a clinical workforce manager for the Cambridgeshire area and was keen to promote from within.
- The service provided a training environment for trainee GPs with support from GP trainers as per rota availability. We did not speak to trainees during our inspection.

Are services well-led?

- The service made use of internal and external reviews of incidents. Learning was shared and used to make improvements.
- There was a culture of innovation evidenced by the number of pilot schemes the provider was involved in. For example, the option for patients that dialled NHS111

with a concern for their mental health wellbeing, to be redirected to the local mental health service single point of contact without the need to speak to NHS111 staff first. There were systems to support improvement and innovation work and outcomes were shared with stakeholders.