Gloucestershire Out of Hours

Inspection report

Unit 10 Highnam Business Centre
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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	Inspected but not rated
Are services safe?	Inspected but not rated
Are services effective?	Inspected but not rated
Are services responsive to people's needs?	Inspected but not rated
Are services well-led?	Inspected but not rated

Overall summary

We carried out an announced, focused inspection at Gloucestershire Out of Hours on 19 April 2023 to follow up on a Warning Notice issued to the provider following our inspection in November 2022. This was for the breach of Regulation 17: Good Governance.

At the last inspection, this service was rated as Requires improvement overall.

This inspection was not rated therefore the rating from our last inspection in November 2022 remains**.**

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Requires improvement

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting evidence from the provider
- Requesting the completion of a staff survey document
- Conducting site visits.

This was a follow up inspection to review the concerns highlighted in a warning notice issued after the last inspection in November 2022. The Warning Notice was issued because we found:

- Since September 2018 there has been a continuation of persistent and consecutive breaches to Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. There was insufficient mechanisms in place to demonstrates improvements to leadership and governance is sustainable which puts staff and patients at risk of harm. For example;
- Systems to support safe transport of controlled medicines were not always effective or in line with guidance.
- Systems to support medicines management were not always effective.
- There was not effective systems to support lone workers and identify potential risk.
- Systems to disseminate and embed relevant learning following complaints was not effective.
- Systems and processes to learn from significant events were not embedded.

Overall summary

- There was not effective oversight of staff training to ensure information remained up to date.
- Oversight of patient safety had not been effectively implemented or monitored at local level.

At this inspection we found:

- At this inspection, we found that improvements had been made and the provider had met the requirements in relation to the warning notices issued.
- Policies, systems and processes relating to concerns raised within the warning notice had been reviewed. Where required, these had been changed or developed. However due to the recent implementation not all changes had the time to be embedded or evaluated to ensure they were effective.
- Staff were provided with relevant learning and actions as a result of incidents and complaints that the service had experienced. Incidents and complaints were reviewed in line with policies.
- Leaders had taken action to ensure staff received training in line with the service's policies and procedures.
- The transportation of controlled drugs had been revised and a process introduced which supports safe transportation.
- Leaders had reviewed the systems and processes for staff responsible for monitoring safety of patients experiencing delays. Changes had been made to improve, however more time was required to ensure they were effective.

The area where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider should make improvements are:

- Review and embed newly implemented changes to policies, processes and systems to ensure they are effective.
- Ensure a consistent approach to responding and monitoring of complaints.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC Operations Manager and a GP specialist advisor who visited the main location and two primary care centres.

Background to Gloucestershire Out of Hours

Gloucestershire Out of Hours is the registered location for services provided by Practice Plus Group Urgent Care Limited and provides out-of-hours primary medical services to patients in Gloucestershire when GP practices are closed.

The administrative base is located at:

Unit 10
Highnam Business Centre,
Highnam,
Gloucestershire
GL2 8DN

Gloucestershire is mainly rural with two major urban centres, Gloucester and Cheltenham.

The service is commissioned by Gloucestershire Integrated Care Board and covers a population of approximately 637,000 people across the county of Gloucestershire. Patients access the service via the NHS 111 telephone service. Patients may be seen by a clinician at one of the primary care centres, receive a telephone consultation or a home visit from a clinician being driven by a driver in one of their fleet of 4x4 liveried vehicles, depending on their needs. The majority of patients access the service via NHS 111.

The service provides the clinical assessment service (CAS) for NHS 111, which was delivered from the administrative base, with some clinicians working remotely and other clinicians working at the primary care centres.

The out of hours service is provided from the administrative base and the primary care centres are located at:

Gloucester Royal Hospital, Great Western Road, GL1 3NN (6.30pm to 8am weekdays and a 24-hour service over weekends and bank holidays)

Cheltenham General Hospital, Sandford Road, GL53 7AN (6.30pm to 11pm weekdays and 8am to 11pm over weekends and bank holidays)

Dilke Hospital, Cinderford GL14 3HX (6.30pm to 11pm weekdays and 8am to 11pm over weekends and bank holidays)

Cirencester Community Hospital, Tetbury Road, GL7 1UY (6.30pm to 11pm weekdays and 8am to 11pm over weekends and bank holidays)

There are two further primary care centres not currently in use in agreement with the commissioner.

During the inspection we visited the Gloucester and Cheltenham sites.

The provider is registered to provide the following regulated activities:

Transport service, triage and medical advice provided remotely

Treatment of disease, disorder or injury.

Inspected but not rated

Are services safe?

At our previous inspection in November 2022, we issued a warning notice because improvements were needed in providing safe services. This included:

Shortfalls identified in previous reports that continued to be a challenge included:

- Management of controlled drugs whilst in transit.
- Oversight and monitoring of staff mandatory training.
- Oversight of medicines management.
- Policies and procedures had not always been followed to support lone workers.

At this inspection in April 2023, we followed up on concerns identified in the warning notice and therefore this key question is not rated. The rating from the previous report will be carried over. We found:

- The service had implemented changes in line with guidance that allowed for better management and oversight, but further work was needed to make sure they became embedded in practice and were effective.
- Risk surrounding emergency medicine changes had not always been considered.

Safety systems and processes

The service had improved systems following the warning notice to keep staff safe.

- At the last inspection in November 2022, we found policies were in place to protect patients and staff, but they were not always followed. Staff shortages had caused an increase in unplanned lone working for staff. There was a policy for this however, risk assessments for staff had not been carried out in line with the policy.
- At this inspection in April 2023, we found that changes had been implemented in line with their policy and to protect staff. These changes included; risk assessments for each place of work such as primary care centres (PCCs), changes to the policy and changes to the process of reporting lone working. These changes were newly implemented and although they had been communicated to staff, not all staff were aware of this. Further embedding of this process would be required to ensure all staff were aware and the process was effective.

Risks to patients

There were systems to assess, monitor and manage risk to patient safety, which the service were due to review to ensure they were effective.

- At the last inspection in November 2022, we found systems to manage people experiencing long waits or those who had been inappropriately streamed into the service were not always effective.
- At this inspection, we found the service had reviewed their patient safety caller process including a pilot project to improve clinical oversight of people who were experiencing delays. Patient safety callers were non-clinical staff members who rang patients who had not received a clinical call within the target time. They were expected to apologise for the delay and check if the patient condition had changed. The provider employed national patient safety callers and had improved processes for patient safety callers that were working at a local level. This involved providing training to existing staff and auditing calls in line with the service's standard operating procedure to make sure patients were contacted and informed of delays in a timely manner.

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Inspected but not rated

Are services safe?

- The service was piloting a clinical role which involved reviewing and escalating call where appropriate. The aim was to review patients in the queue to assess which cases may need escalation or prioritisation. They would also assist patient safety callers on reviewing cases of concern. This was due to be reviewed after approximately 6 weeks to determine whether the system was effective.
- Job descriptions and standard operating procedures for this role were in draft form at the time of inspection and were being reviewed by senior leaders within the organisation.
- These newly implemented processes and changes required further review to ensure they were effective and embedded in practice.

Safe and appropriate use of medicines

The service had systems for appropriate and safe handling of medicines, however further work was required to ensure they were effective.

- At the last inspection in November 2022, arrangements to support safe transport of controlled drugs whilst in transit were not in line with guidance.
- At this inspection in April 2023, we found that local procedures had been improved. Due to upcoming changes, the service had implemented interim safety processes to support the safe transport of controlled drugs. They told us they planned on installing safes into new vehicles when they arrived to improve the process further.
- At this inspection we reviewed controlled drug audits carried out by the provider in January 2023. One action remained from the audit which was to compile a list of prescribers that had not been completed at the time of inspection. Post inspection, we were sent a document which showed they were working on this and was due to be completed by June 2023.
- At the last inspection in November 2022, we found there was a medicines management process, however, it was not always effective. We found an emergency medicine (Diazepam, which is used to treat seizures) was not available. This had gone unnoticed and had not been risk assessed. Action taken by the provider was reactive to our findings and the service did not raise an incident or share learning as a result.
- At this inspection in April 2023, we found the following changes:
  - There was a new standard operating procedure for staff to follow in the event of a medicine not being available. We saw an example where the process was followed correctly, and action was taken to mitigate risk.
  - Emergency medicines were available at the 2 sites we visited. The provider had changed the emergency medicines that were kept at clinical bases. We found at 1 base, the list detailing what medicine should be kept included 2 different strengths of a medicine used to treat seizures. The lower strength medicines was not held, as there was a long term shortage of this particular strength. The other strength of this medicine was available. However, at another site we inspected, the list of emergency medicines had only the stronger medicine listed. The provider had not taken action in line with their protocol on what should happen when a medicine was out of stock. Although this information had been shared with staff, the potential risk of patients not receiving appropriate care and treatment in an emergency had not been documented in line with their standard operating procedure.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- At the last inspection in November 2022, we found incidents were reviewed but where themes and trends were identified, actions were not always taken. We also found learning from these incidents were not always shared with staff.

Inspected but not rated

Are services safe?

- At this inspection in April 2023, we found sharing of learning from incidents with staff was more consistent. Learning was shared in a regular communication document where appropriate. This consisted of further details of the incident, learning identified, changes that were occurring and further reading for staff. We found that most staff who returned a CQC staff survey, had received and read about incidents and changes that were occurring within the service.
- Learning from incidents shared with staff included:
  - Improved monitoring of prescription stationery.
  - Discussions with other health care professionals and providers to ensure knowledge of their remit and processes. This had prompted improvements and reduced workload for clinicians within this service.
- The service used a system called Datix to log and review incidents. The service reviewed incidents at a quality assurance meeting on a monthly basis and shared more widely during a 3 monthly meeting. The service looked at themes and trends which may require action to support ongoing service provision improvements. Evidence from these meetings showed what discussions had been held. Post inspection, we were provided with evidence which showed that the quality assurance log had been updated with the relevant actions, including who was responsible for completion and a completion date. Actions that were still open had an ongoing trail of actions taken so far.

Inspected but not rated

Are services effective?

At our previous inspection in November 2022, we issued a warning notice because improvements were needed in providing effective services because:

- Shortfalls identified in previous reports that continued to be a challenge included:
- Processes to manage staff training and performance were not effective and embedded in practice.

At this inspection in April 2023, we followed up on focused concerns identified in the warning notice and therefore this key question is not rated. We found:

- The service had made improvements to the concerns raised within the warning notice. Leaders had a new system for monitoring staff training.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles, however some areas required improvement.

- At the last inspection in November 2022, we found that the service did not have an accurate oversight of staff mandatory training. Whilst reviewing training matrixes, we found staff without in date mandatory training for example:
  - After a CQC prompted a review, the training matrix showed out of 76 self-employed staff members 6 did not have valid basic life support training, 12 did not have valid safeguarding of adults, 22 did not have valid safeguarding children training, and 23 did not have valid infection prevention and control training. Although leaders had discussed this at quality assurance meetings, no action had been taken to ensure staff had the appropriate training.
  - At the last inspection we found that, for contracted staff, 85% of staff had valid equality and diversity training, 86% of staff had valid fire awareness training, 91% of staff had valid basic life support training. Out of 14 clinical contracted staff, 1 did not have valid safeguarding training.

- At this inspection in April 2023, processes had been improved to ensure staff who were working were appropriately trained for their role. This included:
  - Implementing a 4-stage process to remind staff to complete training. This process involved staff being reminded via email that their training was due and this could lead to being unable to work, until the training had been completed.
  - Checks of training records prior to booking staff onto shifts. Where staff needed to complete training, this was reviewed by leaders and a risk assessment was carried out to determine whether the member of staff was safe to work in their usual role. In some cases we saw staff were placed in an alternative role.
  - Retrospective checks were carried out to review if they have had any staff working without the required training. They found this happened on occasion where staff had been booked at short notice for example, to cover sickness.
  - We reviewed the training matrix held for self-employed staff members and found that where staff did not have in date training, the records show; the staff member had not worked for the service since January 2023, had received an interim risk assessment as training was booked, or had been escalated to human resources in line with the provider's "4-stage process".
  - For staff employed by the service, the training matrix showed 7 out of 81 staff members had not completed the required training. We found these staff members were either a new starter, not currently working or had an interim risk assessment to allow time for training to be completed. This is in line with the provider's new process.
  - Overall, completion of training was 95% for self-employed staff members and 98% for staff employed by the service.
- A review into staff who undertook patient safety calls had also occurred to ensure only those staff who were appropriately trained were considered for this role.

Inspected but not rated

Are services responsive to people's needs?

At our previous inspection in November 2022, we issued a warning notice because improvements were needed in providing responsive services because:

- Management of complaints and learning from complaints to improve patients experience was not always managed effectively.

At this inspection in April 2023, we followed up on focused concerns identified in the warning notice and therefore this key question domain is not rated. We found:

- Information from complaints was reviewed and learning was being shared.

Listening and learning from concerns and complaints

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

- At the last inspection in November 2022, we found that although there were policies in place to support the complaints process, the service was not always learning or sharing lessons learnt with staff in an effective way.
- At this inspection in April 2023, we found some improvements had been made to the way learning and actions were disseminated to staff. Leaders had begun sharing more detail of complaints in the staff communication letters. For example:
  - Where a theme had been recognised, such as delays in care, leaders told staff what they were doing and what support they required from staff.
  - We also saw an example of a patient complaint due to missed diagnosis of a hearing problem. The information shared with staff included learning, further reading and that an additional assessment tool had been purchased to aid diagnosis.
- Leaders had developed a new form where staff could take patients details and concerns at the time of it being raised. However, approximately a third of staff who responded to our CQC staff survey indicated they were unsure how to advise patients to make a complaint. Further work was required to ensure processes were embedded.
- The service had received 19 complaints since the last inspection. We reviewed 5 of these complaints and found:
  - Complaints were acknowledged and managed in line with their policy.
  - Themes of complaints included; delays in care and concerns over examination and communication and care of the patient.
  - Out of 5 complaints we reviewed, we saw 1 complaint had been investigated but not responded to as they were awaiting patient consent. A holding letter had been appropriately sent whilst they waited for this.
  - Out of 4 remaining complaints we reviewed, we found an inconsistent approach to signposting people to external complaints review. 2 out of the 4 complaints, advised at stage 1 that if the person was dissatisfied with the outcome, they could escalate this to the Ombudsman. In the 2 other complaints, they were advised to recontact the service. Further work to ensure a consistent approach to complaints management was required.

Inspected but not rated

Are services well-led?

At our previous inspection in November 2022, improvements were needed in providing well led services because:

- Concerns raised in previous inspections were still present as discussed in the previous key questions.
- We identified gaps in governance oversight including implementation and monitoring of processes.
- Staff competency including mandatory training had not been monitored effectively.

At this inspection in April 2023, we followed up on focused concerns identified in the warning notice and therefore this key question is not rated. We found:

- Areas we had highlighted within the warning notice, had been prioritised and plans to change and improve were in place. Leaders had clear roles and responsibility.
- Leaders had sought new processes to improve, however these were newly implemented and required further reviewing and embedding to ensure they were effective.

Governance arrangements

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

- At the last inspection in November 2022, we found that although systems and processes were in place to support good governance, they had not always been implemented effectively. For example; the lone working policy to support safety of staff, and oversight of staff training to ensure safe care and treatment for patients.
- At this inspection, we found that policies had been reviewed and updated to improve safety for patients and staff. Leaders had made changes and taken steps to introduce new processes, however further improvements were needed to demonstrate that changes were consistently effective in practice. For example;
  - The policy for lone working had been updated and the process for reporting lone working had been changed. Whilst we saw evidence of this information being added to communications, not all staff were aware of the new process.
  - Although there was a new process for the management of out-of-stock medicines, we found it had not been used to retrospectively review decisions made regarding unavailable medicines.
- Leaders had implemented a new process for monitoring and reminding staff to complete mandatory training in line with the services policies. We saw evidence of improved rates of compliance.

Managing risks, issues and performance

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

- At the last inspection in November 2022, we found that processes for managing risks, issues and performance were not always effective. Although, we saw risks and issues were discussed at quality assurance meetings, it was not clear how these were acted on.
- At this inspection in April 2023, we found that leaders had responded to the issues identified in the warning notice and made changes to reduce the risk of them reoccurring. For example:
  - Active monitoring and review of staff mandatory training to ensure records were accurate.
  - Sharing information and learning from complaints or incidents in readily available documents in more detail.
  - The service had risk assessed areas where staff could be found to be lone working and updated the process so staff could receive a personalised risk assessment where required.
- However, we found further improvements were still needed. Changes that had been made were newly implemented and would need reviewing and embedding to ensure they were effective.
- Risks surrounding emergency medicine management required further work to ensure practice was safe for patients.

Inspected but not rated

Are services well-led?

- Leaders were attending quality assurance meetings on a monthly basis and shared more widely during a 3 monthly quality review, which included monitoring issues and performance. A log was reviewed during these meetings to ensure actions were being completed by the relevant person in the given timeframe. Where actions remained open, the log was updated to evidence what actions had been taken.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • The service had not sought to document or assess the risk of emergency medicine changes which could impact the safety of service users. This was in breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.