

Care UK – Bucks Out of Hours Service

Quality 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 service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Care UK-Bucks Out of Hours (OOH) service on 12 December 2016. The service operates from a single call centre and headquarters in Aylesbury. We visited the call centre, headquarters and Stoke Mandeville OOH base during this inspection. Overall the service is rated as good.

Specifically, we found the service to require improvements for the provision of well led services. The service is rated good for providing safe, effective, caring and responsive services.

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

- There was an effective system for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- The provider had systems in place to identify, assess and manage risk but the systems were operated

inconsistently. Some risks associated with monitoring of fire safety procedures at the head office and call centres had not been identified during monitoring of the service.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. The National Quality Requirements (NQRs) standards were monitored and reviewed and improvements implemented.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, the provider did not have a systematic approach to assure themselves that all GPs not directly employed by the Care UK had completed training relevant to their role.
- There were safeguarding systems in place for both children and adults at risk of harm or abuse as well as palliative care (care for the terminally ill and their families) patients who accessed the out of hours service.
- There was a system in place that enabled staff to access patient records, for example the local GP and hospital, with information following contact with patients as was appropriate.

Summary of findings

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

The areas where the provider must make improvements are:

- The provider must review, assess and monitor the governance arrangements in place to ensure and improve the quality and safety of the services provided. For example:
- Ensure effective monitoring of fire safety procedures at the head office and call centres to ensure appropriate checks had been undertaken.
- Ensure all GPs not directly employed by the Care UK had completed training relevant to their role.

The areas where the service should make improvements are:

- The provider should ensure that prescribers follow the prescribing policies for recording the supply of medicines.
- Ensuring calibration and checking of blood glucose meters is carried out in accordance with the manufacturer's specification at all times.
- Review and improve the national quality standards relevant to the face to face consultations both at an out of hours base and at patients place of residence within two hours of assessment for those patients classified as 'urgent'.

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 provider is rated as good for providing safe services.

Good



- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always effectively implemented to ensure patients were kept safe. For example, monitoring of fire safety procedures at the head office and call centre were not always managed appropriately.
- The prescribers did not always follow their own prescribing policies in relation to high risk medicines.
- The provider had a comprehensive process for checking out of hours vehicles and medicines and equipment were checked and we saw evidence of this. However, during the vehicle inspection we found that the blood glucose meters were not being calibrated and records were not maintained.
- There was an effective system in place for recording, reporting and learning from significant events and lessons were shared to make sure action was taken to improve safety in the service.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined processes and practices in place to keep people safe and safeguarded from abuse.
- When patients could not be contacted at the time of their home visit or if they did not attend for their appointment, there were processes in place to follow up patients who were potentially vulnerable.
- There were systems in place to support staff undertaking home visits.

Are services effective?

The provider is rated as good for providing effective services.

Good



- Data showed the National Quality Requirements (performance standards) for GP out of hours services were monitored and reviewed and improvements implemented to ensure patient needs were met in a timely way. For example, data from November 2015 to October 2016 showed that 100% of patients defined as in need of 'urgent' face to face assessment had been assessed within 20 minutes.

Summary of findings

- However, the provider was required to further review and improve face to face consultations within two hours after the definitive clinical assessment for those patients classified as 'urgent'.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was a consistent focus on ensuring staff had completed mandatory training. There were appraisals and personal development plans for staff.
- There was an effective system to ensure timely sharing of patient information with the relevant support service identified for the patient and their GP.

Are services caring?

The provider is rated as good for providing caring services.

- Feedback from patients about their care and treatment through our comment cards and collected by the provider was very positive. Patients were all positive about their experience and said they found the staff friendly, caring and responded to their needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were kept informed with regard to their care and treatment throughout their visit to the out-of-hours service.
- The provider was mindful and respectful of the needs of patients, and their carers, receiving end of life care and, where necessary, provided them with a direct telephone number so that they were able to access clinician's out-of-hours directly.

Good



Are services responsive to people's needs?

The provider is rated as good for providing responsive services.

- The service engaged with the NHS England Area Team and local clinical commissioning groups to secure improvements to services where these were identified.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.

Good



Summary of findings

- The service had good facilities and mobile vehicles were well equipped to treat patients and meet their needs.
- Information about how to complain was available at the out-of-hours centres and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The provider is rated as requires improvement for providing well led services.

- There was a governance framework which supported the delivery of the strategy and good quality care. However, some monitoring processes were ineffective. The provider had failed to identify the areas of concern we found during this inspection.
- For example, prescribers were not always following the organisations prescribing policies for recording the supply of medicines with a high abuse potential on the paper log. However, we saw the prescribers were recording supply of medicines under patient notes on electronic prescribing system with details of drug, quantity and dosage.
- The provider did not have any regular governance arrangement in place to assure themselves that all GPs not directly employed by the Care UK had completed training relevant to their role and there was no monitoring system in place to ensure appropriate checks had been undertaken to maintain fire safety at the head office and call centres.
- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. This was evident at local level and senior level. Staff were always able to contact senior managers and they were visible across the service.
- The service proactively sought feedback from staff and patients, which it acted on.
- The service complied with the requirements of the duty of candour and encouraged a culture of openness and honesty.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The service was seeking innovative approaches to accessing

Requires improvement



Summary of findings

relevant patient information in conjunction with other providers, through the use of a system called the Medical Interoperability Gateway (MIG) which provided wider access to records.

- The service was involved with and developing services to improve health outcomes in Buckinghamshire to reduce the pressure on other health services.

Summary of findings

What people who use the service say

Care UK-Bucks Out of Hours Service was completing the NHS Friends and Family Test (FFT). We saw the Bucks out of hours friends and family test (FFT) results for last 12 months (October 2015 to September 2016) and 96% patients were likely or extremely likely recommending this service. Specifically in September 2016, 249 patients took part in the survey and 94% of patients said they were likely or very likely to recommend the service to others if they needed similar care and treatment.

The provider was carrying out patient experience surveys on a weekly basis. We saw the results for last six weeks (covering November 2016 to December 2016) and 98% (354 out of 362) patients were likely or extremely likely recommending the OOH service at Stoke Mandeville Hospital Primary Care Centre.

We gathered the views of patients using the Out of Hours (OOH) service via Care Quality Commission comment cards that patients had completed. We received following feedback from each out of hours (OOH) primary care centre:

- Stoke Mandeville OOH: We received 20 comment cards and spoke with three patients who had used the service. All feedback positively described the service including comments about the facilities, the staff and the care received.
- Amersham OOH: We did not visit this base but received 25 comment cards from the patients who had used the service. All feedback positively described the service including comments about the facilities, the staff and the care received.
- Buckingham OOH: We did not visit this base but received 19 comment cards from the patients who had used the service. All feedback positively described the service including comments about the facilities, the staff and the care received.

All feedback indicated patients were satisfied with the service they had received. They found staff polite, sensitive and caring and treated them with dignity and respect.

Care UK – Bucks Out of Hours Service

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC inspector, a pharmacist inspector and two specialist advisors (one GP and one practice manager; both with experience of working in an out-of-hours service).

Background to Care UK – Bucks Out of Hours Service

Care UK is the UK's largest independent provider of health and social care. Care UK-Bucks provides out-of-hours (OOH) primary medical services across Buckinghamshire when GP practices are closed. The OOH service covers a population of approximately 550,000 people across the county of Buckinghamshire and in the last 12 months offered 66,424 patient contacts. The area covered incorporates two Clinical Commissioning Group (CCG) areas, Aylesbury Vale and Chiltern.

The provider is contracted by the NHS clinical commissioning groups and provides OOH primary medical services to registered patients in Buckinghamshire and the surrounding area when GP practices are closed this includes overnight, during weekends, bank holidays and when GP practices are closed for training.

Most patients access the OOH service via the NHS 111 telephone service. Patients may be seen by a clinician, receive a telephone consultation or a home visit, depending on their needs. Occasionally patients access

services as a walk-in patient or via 'direct booking pilot' project (Four local practices are able to fax patient details directly to Care UK-Bucks between 6pm and 6.30pm if they are not able to offer the appointment).

We visited the Care UK-Bucks call centre and headquarters in Aylesbury, and Stoke Mandeville OOH service during this inspection. The full address for call centre and headquarters is:

- Care UK-Bucks, Unit 3, Midshires Business Park, Smeaton Close, Aylesbury, Buckinghamshire, HP19 8HL.

Out-of-hours (OOH) services are provided from five primary care centres across the county on every day of the year. They are:

- Stoke Mandeville OOH: Stoke Mandeville Hospital is open from 6.30pm to 8am (overnight) Monday to Saturday and from 8am on a Saturday through to 8am Monday morning. This centre also open on bank holidays from 8am to 8am the next day. We visited this site during the inspection.
- Amersham OOHs: Amersham Health Centre is open from 9am to 9pm on a Saturday and from 9am to 7pm on Sunday. This centre also open on bank holidays. We did not inspect this site.
- Buckingham OOH: Buckingham Community Hospital is open from 2pm to 4pm on a Saturday and Sunday. This centre also open on bank holidays. We did not inspect this site.
- Poplar Grove Practice in Aylesbury: Once a month from 1pm to 6pm when local GPs are closed during the training session to meet the increasing demand. We did not inspect this site.
- Wycombe OOH: Wycombe General Hospital is open from 6.30pm to 8am (overnight) Monday to Saturday and

Detailed findings

from 8am on a Saturday through to 8am Monday morning. This centre also open on bank holidays from 8am to 8am the next day. An inspection visit at Wycombe OOH is reported in a separate inspection report along with 'Minor Injuries Illness Unit' inspection visit because that's how services are registered with Care Quality Commission. This out-of-hours (OOH) service is co-located with a 'Minor Injuries Illness Unit' that is also managed by the Care UK-Bucks. We visited this site during the inspection.

OOH Primary Care Centres are situated in rented spaces from the Buckinghamshire Health Care NHS Trust (apart from the Poplar Grove Practice) and the facilities are managed by the respective organisation.

Why we carried out this inspection

We inspected the service delivered at Care UK-Bucks as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 12 December 2016.

During our visit we:

- Spoke with other organisations such as commissioners, NHS England area team, local Healthwatch to share what they knew about the performance and patient satisfaction of the out of hour's service.
- Spoke with a range of staff including GPs as well as range of clinical staff, receptionists, a driver, coordinators, managers, clinical director, regional medical director, deputy regional director and regional governance manager.
- Observed how patients were treated at reception areas and spoke with three patients, carers and/or family members who used the service.
- Reviewed Care Quality Commission (CQC) comment cards where patients and members of the public shared their views and experiences of the service.
- Checked the mobile vehicles for transporting the GPs and equipment on home visits.
- Reviewed a range of records including audits, staff files, training records and information regarding complaints and incidents.

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the on-call duty manager of any incidents and there was a recording form available on the service's computer system. The policy and the reporting forms known as 'Datix incident reporting forms' were available and staff we spoke with knew how to access them. The incident recording form supported the recording of notifiable incidents including complying with 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 or treatment). We saw evidence that when things went wrong with care or treatment, patients of families were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to help to prevent the same thing happening again.
- We noted 117 incidents had been reported in Out of Hours (OOH) service during 2015 and 88 incidents were reported in 2016. The service carried out a thorough analysis of the significant events and ensured that learning from them was disseminated to staff and embedded in policy and processes.
- The provider also had a regular newsletter called 'Reflect'. This provided a summary of the serious incidents and complaints across services to enable staff to learn from all areas in primary care. Each case was looked at in detail and analysed to ensure themes were identified. Top tips for staff were highlighted and guidance (such as NICE guidelines) was detailed.
- We saw evidence that lessons were learnt from significant events and communicated widely to support improvement. We looked in detail at an incident where a GP had found that wrong medical history which was conveyed to OOH triage doctor and resulted in misleading information. A visiting GP had found this error at the point of consultation when verifying the information with a patient. Clinical staff contacted the nursing home, obtained the correct medical history and apologised to the patient for the inconvenience this incident had caused. We saw the incident was fully

reported and investigated. We saw the service had written a letter to the hospital requesting to establish a source of this incorrect information and asking if this issue was raised as an information governance breach for further investigation.

- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The provider had a system in place to deal with national safety alerts. These were reviewed by a senior clinical staff within the service. They were disseminated to relevant clinicians within the service to take appropriate action. Alerts regarding medicine interactions were communicated to GPs and other prescribers. GPs we spoke with identified recent alerts and were aware of the action arising from them.

Overview of safety systems and processes

The service had systems, processes and practices in place to keep patients safe and safeguarded from abuse, however some improvements were required.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. There were policies were accessible to all staff, which clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a nominated lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to Safeguarding Children level three, nurses were trained to Safeguarding Children level two and both GPs and nurses had completed adult safeguarding training.
- We saw notices advising patients that chaperones were available if required. All staff had access to a chaperone policy. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- During the inspection we saw the service maintained appropriate standards of cleanliness and hygiene. All of the OOH primary care centres were located at another NHS property and the provider had limited control over

Are services safe?

their environment. There was an infection control lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance e.g annual calibration of medical equipment. However, during the vehicle inspection we found that the blood glucose meters were not being calibrated and records were not maintained. (A blood glucose meter is a medical device for determining the approximate concentration of glucose in the blood). We discussed this with the provider. By the end of the inspection we found that calibration of these devices had been ensured and a recording chart was introduced.
- We reviewed a sample of five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS checks).
- There were systems to check whether sessional GPs met requirements such as having current professional indemnity, registration with the General Medical Council, DBS checks and were on the Performers' list (the Performers' list provides a degree of reassurance that GPs are suitably qualified, have up to date training, have appropriate English language skills and have passed other relevant checks such as with the Disclosure and Barring Service).

Medicines Management

- The storage of medicines was safe and secure. The medicine management processes (ordering, supply and prescribing) made sure that patients received medicines when needed. Processes were in place for checking medicines, including those held at the bases and medicine cases for the out of hours vehicles. The service received medicines in sealed containers which were delivered, regularly checked and replaced by the pharmacy company. Arrangements were in place to ensure medicines carried in the out of hours vehicles were stored appropriately. Medicines were stored in locked containers at all times.
- The service had pharmacy support from an independent pharmacy service. The pharmacy packed the medicine cases and audited the completion of the medical administration records and prescriptions. The pharmacy provided Care UK – Bucks with a monthly audit report. The report for October 2016 stated that 13 out of 22 supplies of medicines with a high abuse potential (codeine, diazepam and tramadol) were supplied without a prescription record of supply being written on the paper log by the prescriber. While it was good practice that the service identified concerns the data showed that prescribers were consistently not following the organisations prescribing policies. However, we saw the prescribers were recording supply of medicines under patient notes on electronic prescribing system with details of drug, quantity and dosage.
- The service carried out regular medicines audits; we saw that the auditing resulted in improvements to the service. The organisation analysed prescribing data; the analysis included looking at antibiotic prescribing which is in line with the principles of antibiotic stewardship.
- Care UK published medicine newsletters to share learning from prescribing and medicine incidents.
- Blank prescription forms and pads were securely stored. However, we found on the day of inspection the stock management process and documentation was not appropriate to identify what was held at the Care UK-Bucks headquarters. During the inspection the provider made some changes to the prescription management to create an auditable process. At the Stoke Mandeville out of hours primary care centre prescribers did not always complete the prescription tracking log which were not following the organisations prescribing policies. We noted the provider had implemented changes a day after the inspection to ensure effective tracking and monitoring of blank prescriptions.
- The service held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential for misuse) and had standard operating procedures in place that set out how controlled drugs were managed in accordance with the law and NHS England regulations. The storage and recording of controlled drugs was in line with legislation and the provider's policies. The provider held a Home Office licence to permit the possession of controlled drugs within the service.

Are services safe?

Monitoring risks to patients

Risks to patients were assessed and well managed at the out of hours locations. However, some improvements were required.

- There were procedures for monitoring and managing risks to patient and staff safety at the out of hours locations. The service had a health and safety policy. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Clinical equipment that required calibration was calibrated according to the manufacturer's guidance. However, the service did not always have appropriate procedures in place for monitoring fire safety risks at the head office and call centre.
- On the day of inspection we found a fire safety risk assessment had not been carried out at the call centre and service headquarters since 9 December 2014. The service was not carrying out regular smoke alarm checks and fire drills. The service took immediate steps and carried out fire risk assessment on 19 December 2016. There were up to date fire risk assessments at the out of hours locations.
- We saw evidence that fire equipment was serviced on 18 August 2016. The service delivery manager informed us that staff had undertaken fire warden training a week before the inspection and the service was in the process of allocating fire wardens in the call centre and all out of hours locations. The service delivery manager also informed us they had a fire safety management agreement with an external contractor but they stopped providing the services due to unpaid invoices issues.
- There were systems in place to ensure the safety of the out of hours vehicles. Checks were undertaken at the beginning of each shift. Vehicle checks and maintenance were effective to ensure the cars were mechanically safe. The provider had systems in place to ensure regular servicing, emergency vehicle maintenance and tyre changes would not impact on the level of service. The provider had a spare car ready for use in the event of another being out of service. There were procedures for checking the driving licences of driving staff, to ensure they had not been removed or had had endorsements relevant to their duties. These

staff had been assessed to ensure that they were skilled to drive at the level that might be required of them. All drivers and vehicles had full insurance cover and this covered the transfer of patients, if required.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The inspection team saw evidence that the rota system was effective in ensuring that there were enough staff on duty to meet expected demand. The provider informed us they had plans in place to meet predictable fluctuations in demand for their contracted service, especially at periods of peak demand, such as a Bank Holiday weekend. Home based GPs were also able to securely log on to the system and triage calls when the demand increased.

Arrangements to deal with emergencies and major incidents

The provider had adequate arrangements to respond to emergencies and major incidents.

- There was an effective system to alert staff to any emergency.
- Basic Life Support training was included as part of the services mandatory training. Staff we spoke with and records we viewed confirmed they had received annual basic life support training.
- Emergency medicines and emergency equipment was available within the primary care centre and mobile vehicles, all staff we spoke with knew of its location. The emergency medicines we checked were within date and fit for use. There were defibrillators and oxygen with adult and children's masks. We saw evidence that staff completed daily and weekly checks. In an emergency staff could request the support of the Stoke Mandeville resus team.
- The provider had a comprehensive business continuity plan for major incidents such as power failure, telephony outage including serious malfunction or failure of telephone system. There were plans to move services to other provider primary care centres or a local GP practice in the event of being unable to access the centre. Services could therefore be maintained if one of

Are services safe?

the bases was unable to be accessed. We also saw the contingency plans if one of the vehicles used for home visits was to breakdown. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- Access to the Out of Hours (OOH) GP service was via the national NHS 111 service. In Buckinghamshire this service was provided by the South Central Ambulance Service (SCAS) from their base at Bicester, Oxfordshire. Following a telephone assessment completed by the national NHS 111 service, patients may be referred to the OOH GP service. SCAS could directly access and book appointments in Care UK-Bucks data base. Occasionally, some patients accessed the service as a 'walk-in' patient or via 'direct booking pilot' project. (Four local surgeries had participated in this pilot project and they were able to fax patient details directly to Care UK-Bucks between 6pm and 6.30pm).
- Referred patients received a telephone call from one of the OOH GPs who undertook a further assessment of their needs. From this assessment, the GP would make a decision for the patient to receive telephone advice with no onward referral, a visit to one of the primary care centre, visited at their place of residence or a referral to an alternative provider (e.g. the emergency services or Emergency Department).
- 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) best practice guidelines.
- There were systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- We saw all staff members had access to service process, policies, procedures and national guidelines accessed via all work stations including mobile devices. Other guidelines published by organisations such as NICE and Public Health England (PHE) were disseminated via email and regular newsletters.

Management, monitoring and improving outcomes for people

From 1 January 2005, all providers of out-of-hours services had been required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR were used to show the service was safe, clinically effective and responsive. Providers were required to report monthly to the clinical commissioning group on their performance against standards which included 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.

We found evidence that the provider had:

- Clearly identified the staffing requirements needed to meet the NQR's and provide safe and effective services.
- Reviewed the use of the service to identify peaks and troughs in demand to plan the numbers of staff required for each shift operated.
- Reviewed the types of care and treatment required by patients to match the skills of staff to the treatments required.

The provider's performance against national quality requirements (NQRs) included:

NQR 4 - A random sample audit of patient contacts:

- This audit process was led by a clinician, appropriate action were taken on the results of those audits and we saw evidence that regular reports of these audits were made available to the Clinical Commissioning Groups (CCGs).
- We found the provider was regularly auditing contacts by completing call listening audit. We noted in September 2016, 304 patient contacts had been reviewed which indicated 288 patient contacts (95%) were graded as 'compliant'. We saw evidence that the provider was sharing written feedback with clinicians.
- There was a system in place to monitor the performance of GPs working in the out of hours service in a comprehensive and systematic manner. We saw the provider was regularly auditing a random sample of patients contact by completing 1% clinical notes audit. The provider carried out this audit to review clinical performance and ensure consultations to be of the highest quality and where GPs fell below this standard the provider demonstrated that action was taken to support the GP to improve their performance.

Are services effective?

(for example, treatment is effective)

- One of the audit team who we spoke with described how results were shared with the GPs and additional training and support was offered where required. They also advised clinical effectiveness was monitored by individual clinician audit. We were told that all consultations ended with 'safety netting' or 'worsening advice' which aimed to ensure that the patient knew what signs to look out for that would indicate that the problem was not improving and that they should seek further help.
- The initial assessment and booking into the service was undertaken by the NHS 111 service, the provider was not therefore required to report on response times to telephone calls.

NQR 10a - Face to face assessment within three minutes (emergency):

- The provider had met the standard for starting definitive clinical assessment for patients with emergency needs within three minutes of the patient arriving at the out of hours base. Data from November 2015 to October 2016 showed that 100% of patients with life threatening conditions had been passed to 999 during the definitive clinical assessment which was started within three minutes of the patient arriving at the out of hours base.

NQR 10b - Face to face assessment within 20 minutes (urgent):

- The provider had met the standard for starting definitive clinical assessment for patients with 'urgent' needs within 20 minutes of the patient arriving at the out of hours base. Data from November 2015 to October 2016 showed that 100% of patients defined as in need of 'urgent' assessment had been assessed within 20 minutes.

NQR 10c - Face to face assessment within 60 minutes (all other):

- The provider had met the standard for starting definitive clinical assessment for 'all other' patients within 60 minutes of the patient arriving at the out of hours base. Data from November 2015 to October 2016 showed that 100% of 'all other' patients had been assessed within 60 minutes.

NQR 11 - match the skills of clinicians available with peaks of demand in the service:

- The service had plans in place to ensure staffing levels were sufficient to meet anticipated demand for the service.
- During weekends and peak times the provider had a clinical navigator lead and a navigation administration staff on shift to support the coordinator and a coordinator assistant. A clinical navigator lead was a senior GP who had a responsibility to monitor queue and workload, manage triage pool and identify urgent priority cases.
- We also saw evidence that the provider was carrying out regular audits to monitor coordinators performance. These audits were carried out twice yearly to ensure that staff were fully trained for the job role they employed to do and demonstrate that they were able to manage capacity and demand of the service at periods of busy times during the shift. We saw evidence that the provider was sharing written feedback with staff.
- We noted the provider had additional clinical staff on duty to meet the increasing demand when local GPs were closed during the afternoon training session once a month. During this time the provider was offering an additional GP led OOH clinic at Poplar Grove practice from 1pm to 6pm to meet the increasing demand.

NQR 12 - Face to face consultations:

- After the definitive clinical assessment had been completed and it was required to attend face to face consultation, the provider had a system in place to prioritise which patient was seen based on their clinical needs.
- Data from May 2016 to October 2016 showed that the provider had achieved 92% (on average) face to face consultations at an out of hours base within two hours of assessment for those patients classified as 'urgent'. This fell short of the 95% target.
- Data from May 2016 to October 2016 showed that the provider had achieved 99% (on average) face to face consultations at an out of hours base within six hours of assessment for those patients classified as 'routine'. The provider had met the 95% target.
- Data from May 2016 to October 2016 showed that the provider had achieved 92% (on average) face to face consultations at the patients place of residence within two hours of assessment for those patients classified as 'urgent'. This fell short of the 95% target.

Are services effective?

(for example, treatment is effective)

- Data from May 2016 to October 2016 showed that the provider had achieved 96% (on average) face to face consultations at the patients place of residence within six hours of assessment for those patients classified as 'routine'. The provider had met the 95% target.

Quality improvement activity was mostly undertaken at a provider level and was not always site specific. Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved in improving care and treatment. We reviewed four clinical audits completed in the last 12 months; three of these audits had a second cycle to complete the full audit cycle and we saw information to show improvements had been made.

- Findings were used by the service to improve services. We saw evidence of an audit cycle that identified then addressed higher than recommended prescribing levels of an antibiotic co-amoxiclav. The provider was able to demonstrate the improvements resulting since the initial audit. The provider had delivered a presentation in educational meeting to highlight the risk associated with antibiotic, shared the findings with all clinical staff and provided individual feedback to all GPs on their prescribing with more than 20 scripts. We saw evidence that the practice had carried out a follow up audit in 2016 which demonstrated improvements and prescribing of antibiotic had been reduced from 7% to 5%, which was in line with local clinical commissioning group average of 5%.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The management of training and development was undertaken at the Care UK-Bucks headquarters in Aylesbury.

- The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example, training for telephone consultations included theory and practical training, Coordinator and Coordinator Assistant had undertaken role specific call

handling and running of the service training. New staff were also supported to work alongside other staff and their performance was regularly reviewed during their induction period.

- The service employed 88 permanent staff who had the appropriate skills and training to perform their required duties. This included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that staff were up to date with attending courses such as annual basic life support, fire safety awareness, information governance and safeguarding. Staff had access to and made use of e-learning training modules and in-house training. Staff told us that they received regular communication informing them of any outstanding training. During the inspection where we identified gaps in training records the service was able to describe why staff had not received the training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included one-to-one meetings, coaching and mentoring. We saw out of 88 staff, 75 (85%) had an appraisal within the previous 12 months. For the remaining 13 members of staff whose appraisal was due, we saw an individual log detailing any reasons. Some of the appraisals had been missed following an internal restructure in September 2015 that included redundancies. These appraisals were now booked in with the current operations manager.
- Staff involved in handling medicines received training appropriate to their role. The provider had a policy in place that ensured controlled drugs were only handled by appropriately trained and competent staff.

Coordinating patient care and information sharing

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

- This included access to required 'special patient notes' (SPN's), 'enhanced summary care records' (ESCR's), 'read only access to patient's pathology and radiology results' (ICE) and EMIS (electronic software to record and share patients records) web notes which detailed information provided by the patient's GP. This helped the out of hours staff in understanding a patient's need.

Are services effective?

(for example, treatment is effective)

- The provider used an electronic patient record system called Aadastra. Information provided from local GP practices was entered onto the system and these records could be accessed and updated by clinicians and staff, emergency department staff in Buckinghamshire, district nurses, palliative care nurses and other health professionals about patients, with the consent of the individual concerned. The system was also used to document, record and manage care patients received.
- Staff we spoke with found the systems for recording information easy to use and had received training. Clinical staff undertaking home visits also had access to IT equipment so relevant information could be shared with them while working remotely. Staff told us they felt that the equipment they used was both effective and friendly to use.
- The service shared relevant information with other services in a timely way, for example when referring patients to other services.
- The provider worked closely with the NHS 111 provider in their area, for example the NHS 111 service undertook initial assessment of all patients seeking to access the out of hours service.
- The provider worked collaboratively with other services. Patients who could be more appropriately seen by their registered GP or an emergency department were referred. If patients needed specialist care, the out-of-hours service, could refer to specialties within the hospital. Staff also described a positive relationship with the mental health and district nursing team if they needed support during the out-of-hours period.
- Information relating to patient consultations carried out during the out of hour's period was transferred electronically to a patient's GP by 8am the next day (NQR 2) in line with the performance monitoring tool. Staff told us systems ensured this was done automatically and any failed transfers of information were the responsibility of the duty manager to follow up to ensure GPs received information about their patients.
- Data showed the service was consistently meeting this requirement over the previous 12 months. More recently, between May 2016 and October 2016, over 99% of patient records with details of consultations were sent to the patients GP practice before 8am (NQR 2).

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear clinical staff assessed the patient's capacity and, recorded the outcome of the assessment. Staff also described how they seek consent in an emergency situation in line with the service's consent policy.
- Staff had access to information such as do not attempt resuscitation (DNR) orders through special patient notes (SPNs) so that they could take it into account when providing care and treatment. However the provision of this information was dependent on GP practices adding such notes on to the patient notes. We saw examples of 'palliative/special care' cases identified to GPs via a Special Notes field on the computer system. The system alerted the GPs through a 'pop up' information screen when first accessing the patient's case details to ensure awareness of any notes available. The SPNs contained information from the patient's own GP practice that may include a diagnosis, medication, DNR requests and any additional notes that are relevant such as whether the patient, family or carers are aware of the prognosis and in some cases preferred place of death.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- During the inspection we saw the GP come to the waiting area, call patients and introduce themselves before taking them to the consultation.
- We noted that consultation room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- During the inspection we saw that staff were mindful and adherent to the provider's confidentiality policy when discussing patients' treatments so that information was kept private.

We obtained the views of patients who used the Out of Hours (OOH) service via Care Quality Commission comment cards that patients had completed. We received following feedback from each out of hours (OOH) primary care centre:

- Stoke Mandeville OOH: We received 20 comment cards and spoke with three patients who had used the service. All feedback positively described the service including comments about the facilities, the staff and the care received.
- Amersham OOH: We did not visit this base but received 25 comment cards from the patients who had used the service. All feedback positively described the service including comments about the facilities, the staff and the care received.
- Buckingham OOH: We did not visit this base but received 19 comment cards from the patients who had used the service. All feedback positively described the service including comments about the facilities, the staff and the care received.

All written and verbal feedback received indicated patients were satisfied with the service they had received. Patients said they felt the service provided was excellent and staff were helpful, caring and treated them with dignity and

respect. All three patients we spoke with recommended the out of hour's service provided. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The provider had adapted the NHS Friends and Family Test (FFT). This national test was created to help service providers and commissioners understand whether their patients were happy with the service provided, or where improvements were needed. We saw the Bucks out of hours friends and family test (FFT) results for last 12 months (October 2015 to September 2016) and 96% patients were likely or extremely likely recommending this service. Specifically in September 2016, 249 patients took part in the survey and 94% of patients said they were likely or very likely to recommend the service to others if they needed similar care and treatment.

Care planning and involvement in decisions about care and treatment

The OOH service deals, generally, with single episodes of care, and the patient involvement is different from providers such as GP services who address the longer term wellbeing of patients. Patients we spoke with said that they were involved in decision making about the care and treatment they received so far as this was applicable. This was corroborated by the patients' views from the comment cards. They said they were 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.

Staff we spoke with had a good understanding of consent and of the need to involve patients in decision making.

Staff we spoke with informed us that the patients were told what to expect in the next few days and what to do if necessary. In addition, patients were given details of someone they could contact in case they had concerns after using the service.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the waiting area informing patients this service was available.

Are services caring?

- Information leaflets were available in easy read format which informed patients how to access a number of support groups and organisations.
- GPs and practitioners were able to provide patients with condition specific literature by printing these from the computer system.

All GPs had access to the services bereavement policy online. We saw this policy included information for urgent death certificates due to religious grounds, coroner contact telephone numbers alongside local bereavement support services and charities.

Policy and processes prioritised palliative care calls to ensure they received timely care and treatment. Clinical staff could give a direct telephone number to the carers of palliative care patients. Those carers no longer had to go through the NHS 111 service so saving valuable time, stress and the repetition of the details of their very distressing circumstances. Information relating to the needs of patients receiving palliative care was shared promptly between the patient's registered GP and the service. These were provided via care plans transferred to the provider's database.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The provider engaged with the NHS England Area Team and the local Clinical Commissioning Groups (CCG) to provide the services that met the identified needs of the local population of Buckinghamshire. The local CCGs conducted needs' assessments to find where services were required and the services were provided from the various primary care centres identified from the analyses.

- They understood and responded to patients' needs. For example the provider had access to a translation service for those patients who had difficulty communicating in English. This service could be accessed within 15 minutes of the request being made.
- Home visits were available for patients whose clinical needs resulted in difficulty attending the service.
- There were accessible facilities and a hearing induction loop was not available at Stoke Mandeville OOH primary care centre. However, staff were using 'Type Talk' to assist patients with hearing impairment. We saw a written document was available with clear instructions how to access an interpreter (language line) and 'Type Talk' for deaf patients (NQR 13).
- The safeguarding lead ensured that all information relevant to the patient population was shared with all staff. This included sharing guidance with the all staff to promote awareness of female genital mutilation (FGM). Further study days were undertaken to ensure staff were aware of the impact of sexual exploitation on young people and how to recognise and respond to this. The service had recognised the need for this awareness.
- The provider supported other services at times of increased pressure. For example, a further out of hours base was used at Poplar Grove Practice to cover Thursday afternoons to ensure that services were covered during local GP practices monthly training time.
- The provider had offered a dedicated admission avoidance line for paramedics and Adult Community Health Care Teams so they could seek clinical advice from OOH GP by telephone, with an aim treating as many patients as possible in their own place of living. They had dedicated lines for nursing homes and the local hospice to ensure continuity of care and timely access to advice for vulnerable patients.

- The provider was offering OOH services to three local prisons during bank holidays and when other GP services were not available.
- The provider was participating in A&E voucher scheme which involved A&E referring cases directly to OOH service. Data from August 2016 to November 2016 showed that the provider had offered 128 patient consultations under this scheme, which helped in reducing the pressure on emergency services.
- The provider offered OOH telecommunication support to Airedale project nurses, which aimed to avoid admission to hospital and assisted in early discharge from hospital by supporting people in their own home.

Access to the service

The service operated from 6.30pm to 8.00am Monday to Thursday and from 6.30pm on Friday until 8am on Monday inclusive. The service also operated on all bank holidays. Access to the service was via patients calling the NHS 111 service.

The NHS 111 service was provided by South Central Ambulance Service (SCAS) NHS Foundation Trust. The NHS 111 service triaged the calls and if it concluded that the most appropriate course of action was for the patient to speak with a GP the call details were transferred electronically or SCAS could directly book appointments in Care UK-Bucks data base. A GP from the service then contacted the patient to review the NHS 111 service assessment. Patients were then visited at home, offered telephone advice, referred to the emergency service or offered an appointment at one of the primary care centres.

Patients mostly attend the out of hours service through a referral from the NHS 111 service and a further telephone assessment from the out of hours service, however, occasionally some patients walk in to the service with no previous assessment of their symptoms. Reception staff we spoke with told us that they use a clinical pathway to assess whether the patient needed to be seen immediately or could wait for the next available appointment with the GP at that site. If the patient's condition required immediate advice a GP was alerted to enable them to make a clinical judgement of urgency. Data from September 2016 to November 2016 showed that 23 patients used 'walk in' OOH service, which was 0.15% of the total patient consultations carried out during the same period.

Are services responsive to people's needs?

(for example, to feedback?)

The provider was running a 'direct booking pilot' project with four local practices. The practices were able to fax patient details directly to Care UK-Bucks between 6pm and 6.30pm if they were not able to offer the appointment. In the same way Care UK-Bucks was referring back the patients to GPs between 7am and 8am if they were not able to offer the appointment in OOH. Data from 2016 showed that the provider had offered 32 patient consultations within this pilot project and referred back two patients for the morning appointment at the practice.

The service opening times varied dependent upon the base location within the county. The service opening hours were:

- Stoke Mandeville OOH: Stoke Mandeville Hospital opened from 6.30pm to 8am (overnight) Monday to Saturday and from 8am on a Saturday through to 8am Monday morning. This centre also opened on bank holidays from 8am to 8am the next day.
- Amersham OOH: Amersham Health Centre opened from 9am to 9pm on a Saturday and from 9am to 7pm on Sunday. This centre also opened on bank holidays.
- Buckingham OOH: Buckingham Community Hospital opened from 2pm to 4pm on a Saturday and Sunday. This centre also opened on bank holidays.
- Poplar Grove Practice in Aylesbury: Once a month from 1pm to 6pm when local GPs were closed during the training session to meet the increasing demand.

We visited Stoke Mandeville OOH during this inspection. The premises had a clear, obstacle free access, disabled toilets and height adjustable couches were available in the clinical rooms. This made movement around the service easier and helped to maintain patients' independence. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms.

In October 2016, the service dealt with 5,592 patient consultations, these consultations consisted of advice calls, primary care centre appointments, walk in patients and home visits.

Written and verbal feedback received from patients indicated that patients were satisfied with the appointments system and the timeliness of the service. For example, patients said they did not have to wait to be seen by a GP.

The service had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

There were arrangements in place for palliative care or end of life patients so they could contact the service directly if they had a health concern out of hours. The GPs telephoned the patient or their relative/carer to obtain additional information about the patient's condition or concerns. This enabled a clinical assessment of urgency to be completed. The patient or relative/carer was then given a timescale for the visit. They were also advised to call the service back should their condition change or deteriorate whilst waiting for their visit.

Listening and learning from concerns and complaints

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

Complaints procedure (NQR 6):

- We found the provider had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England and the NQR standard.
- There was a designated responsible person who co-ordinated the handling of all complaints and feedback received into the service.
- We saw that information was available to help patients understand how to make a complaint in the Stoke Mandeville OOH service. Staff we spoke with were fully aware of the complaints process and how to explain this to patients. None of the patients we spoke with during the inspection had ever needed to make a complaint about the OOH service.
- The service reported that there had been 20 complaints received in the last 12 months, the ratio of number of complaints to patient contacts was 0.01%.
- We looked at a sample of the complaints received and found they were all handled appropriately, in line with the service complaints procedure and complaints analysed to detect any themes. We noted that the responses were offered an apology, were empathetic to the patients and explanations clear.
- We saw minutes of these meetings which demonstrated a discussion of the complaints, identified the relevant learning points and action taken to as a result to improve the quality of care.

Are services responsive to people's needs? (for example, to feedback?)

- One of the complaints we reviewed highlighted dissatisfaction about the quality of service received at Stoke Mandeville Primary Care Centre regarding the clinical staff attitude. The provider investigated this complaint and apologised to the patient. There was

evidence that the provider had responded in a timely manner and all necessary actions had been undertaken including advising staff to reflect on his approach from a patient perspective.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The provider had a clear vision to deliver high quality care. There was evidence of strong collaboration and support across all staff and a common focus on improving quality of care and promoting positive outcomes for patients in Buckinghamshire.

- The service had a mission statement and staff knew and understood the values. Care UK had a mission statement of ‘fulfilling lives every day through our values’. These values were recognising that ‘every member of staff makes a difference, customers are at the heart of everything they do and together they can make things better’.
- The service had a strategy and a supporting business plan that reflected the vision and values and were regularly monitored.
- The management team had re-enforced the vision and values through staff engagement events and continuing staff communications. Staff we spoke with clearly understood that quality and safety were paramount.
- We saw evidence of the provider’s commitment to this aim and their proactive approach to working with other providers and commissioners to develop services that met patients’ needs and improved patient experience. Staff we spoke with reflected that commitment and shared their ideas for the future.
- There were regular reviews of service performance and progress towards strategic goals or strategic change. For example, the service was aware of major changes within the NHS 111 service and had plans and processes for further integration with the proposed new service.

Governance arrangements

The service had an overarching governance framework that supported the delivery of the strategy. This outlined the structures and procedures in place. However, improvements were required.

- There were arrangements for identifying, recording and managing the majority of risks, issues and implementing mitigating actions but these had failed to identify some low level risk found during inspection.
- For example, prescribers were not always following the organisations prescribing policies for recording the supply of medicines with a high abuse potential on the

paper log. However, we saw the prescribers were recording supply of medicines under patient notes on electronic prescribing system with details of drug, quantity and dosage.

- All of the OOH primary care centres were located at another NHS property and the provider had limited control over their environment. The provider did not have any regular governance arrangements in place to assure themselves that appropriate monitoring checks had been undertaken regularly. Fire safety assessments and checks were not always effective at the head office and call centre location.
- The provider had not assured that all GPs not directly employed by the Care UK had completed training relevant to their role including safeguarding children, safeguarding adults and basic life support. However, the provider had a rota management system which ensured that all GPs had DBS, evidence of being on performers list, relevant insurance and registration with relevant professional bodies before they were offered a shift.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff we spoke with understood who their managers were and how to contact them.
- Service specific policies were implemented and were available to all staff. We asked a number of staff to demonstrate their familiarity with the policies and all were able to do so. Staff were confident that if they did not know about a policy they would be able to find out.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The provider had a good understanding of their performance against National Quality Requirements and actions were taken to address concerns when they arose. These were discussed at senior management and board level. Performance was shared with staff and the local clinical commissioning group as part of contract monitoring arrangements.
- The provider had a clinical director who was responsible for monitoring of NQRs and audits, supported by an audit team centrally. A report for the whole of Care UK then fed back to the Care UK (Primary Care) board.
- Overseen by a Bucks Urgent Care (BUC) board which included six members, regional directors; the service

Are services well-led?

Requires improvement 

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

delivery manager, departmental managers, together with a team of GPs, nurses, drivers, call handlers administration staff undertook the day to day management and running of the service.

Leadership and culture

During the inspection the provider demonstrated they prioritised safe, high quality and compassionate care. Staff told us that managers and senior leaders were approachable and took the time to listen to all members of staff.

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 provider encouraged a culture of openness and honesty. The service had systems in place to ensure that when things went wrong with care and treatment:

- The service gave affected patients an explanation based on facts and an apology where appropriate, in compliance with the NHS England guidance on handling complaints.
- The service kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- There were arrangements in place to ensure the staff were kept informed and up-to-date. This included clinical and non-clinical bimonthly staff newsletters specific to the service, a team information cascade system and briefings from managers.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident and supported in doing so. The provider operated an on call manager rota and staff were able to contact a duty manager at any time. This enabled urgent problems to be escalated to management promptly whilst the service was in operation and staff were on site.
- Staff said they felt respected, valued and supported, one of the drivers we spoke with told us despite the role being remote and in unsocial hours, they felt well supported by managers and saw senior managers regularly.

- The provider was offering monthly and annual staff awards to recognise staff achievements.
- The provider was offering cycle to work scheme and supporting staff taking part in charity work by matching charity donation amount.

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

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

- The service had gathered feedback from patients through surveys and complaints received. For example, the provider was carrying out patient experience surveys on a weekly basis. We saw the results for last six weeks (covering November 2016 to December 2016) and 98% (354 out of 362) patients were likely or extremely likely recommending the OOHs service at Stoke Mandeville Hospital Primary Care Centre.
- The provider was offering patients the choice of completing either a paper-based or electronic questionnaire when they attended the OOH service. The provider was also sending a questionnaire with pre-paid envelope to all patients that had received telephone advice via the OOH service. This had helped to increase response rates, enabled the provider to address more patient feedback and further improve the services.
- The provider had gathered feedback from staff through staff meetings, staff surveys, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the service was run.
- Staff had the opportunity to contribute to the development of the service. There were regular team meetings. Staff at all levels were encouraged to attend. Staff we spoke with were proud to work for the provider and spoke highly of the senior team. There were consistently high levels of constructive staff engagement which included a staff survey titled as 'Over to You' and the results of these showed high levels of staff commitment within the service. We saw a comprehensive action plan developed to address the areas identified during recent staff survey.

Continuous improvement

Are services well-led?

Requires improvement 

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

There was a focus on continuous learning and improvement at all levels within the service. The service team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The provider offered extra services to fully support other health services at times of high need. The service was fully committed to improving health outcomes while relieving the stress on other services. This included schemes to avoid unwanted admission into hospital and ensuring vulnerable patients, such as those in care homes and hospices, had access to timely and accurate advice.
- The out of hours service was piloting direct booking from in hours GP services to out of hours and vice versa.

- The service was also involved in improving access to adolescent mental health services locally.
- Regular training sessions were held for staff. These were tailored to the current needs within the local community, such as, sexual exploitation awareness. There were regular training evenings to ensure that out of hours staff could attend.
- The service was seeking innovative approaches to accessing relevant patient information in conjunction with other providers, through the use of a system called the Medical Interoperability Gateway (MIG) which provided wider access to records.

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 How the regulation was not being met: We found the registered person did not have effective governance, assurance and auditing processes and they were required to further review, assess and monitor the governance arrangements in place to ensure and improve the quality and safety of the services provided. For example: Ensure effective monitoring of fire safety procedures and introduce a governance system at the OOH primary care centres to ensure appropriate checks had been undertaken. Ensure all GPs not directly employed by the Care UK had completed training relevant to their role. This was in breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.