Herts Urgent Care HQ Out-of-hours service for Hertfordshire

Quality Report

Ascots Lane, Welwyn Garden City,
Hertfordshire AL7 4HL
Tel: 08445 606 606
Website: www.hertsurgentcare.com

Date of inspection visit: 3 and 4 November 2015
Date of publication: 11/02/2016

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.

Summary of findings

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Summary of findings

Overall summary

We carried out this inspection of Herts Urgent Care out-of-hours service on 3 and 4 November 2015.

Herts Urgent Care (HUC) provides NHS111 and out-of-hours GP services for Hertfordshire under an integrated contract commissioned by East and North Hertfordshire Clinical Commissioning Group. The NHS 111 service was inspected at the same time as the out-of-hours service but is subject to a separate report.

The service provides for a population of approximately 1.12 million people living in Hertfordshire. Face to face consultations take place at nine primary care centres across the county.

Overall we found the service to be 'Good'.

Our key findings were as follows:

- The provider had a clear vision which focussed on quality and safety.
- There were systems in place to help ensure patient safety through learning from incidents and complaints about the service.
- The provider had taken steps to ensure that all staff and GPs underwent a thorough recruitment and induction process to help ensure their suitability to work in this type of healthcare environment.
- The service was high achieving and had consistently met applicable key performance indicators known as National Quality Requirements.
- Patients experienced a service that was delivered by dedicated, knowledgeable and caring staff.
- The primary care centres where patients were seen had good facilities and were equipped to meet the needs of patients. Vehicles used for home visits were clean and well equipped.
- We found that the service was well-led and managed by an effective senior management team and board of directors, and their values and behaviours were shared by staff.
- Staff expressed positive views of the management and leadership. Generally staff felt supported by the senior management team although some staff at some primary care centres said they felt isolated and received minimal supervision.
- The service worked proactively with other organisations and with the local community to develop services that supported hospital admission avoidance and improved the patient experience.
- The service was responsive to feedback and used the information to drive service improvements.

We saw an area of outstanding practice:

- The provider had developed links with the University of Hertfordshire in order to develop their clinicians by means of courses aimed effective telephone triage through history taking, asking sensitive questions and decision making. Clinicians had further been supported to attend the 'Assessment- A Systematic Approach' facilitated by the University which enabled clinicians, if they so wished, to progress further to assess and triage patients face to face as Clinical Navigators .

However, there were areas of practice where the provider needs to make improvements.

The provider could:

- Ensure that staff receive appraisal that is of a consistent high quality.
- Implement a system to identify which prescription numbers were allocated to vehicles used for home visits.
- Work with other users of healthcare premises to improve signage to the out-of-hours service at primary care centres.

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?

Good

Herts Urgent Care is rated as good for providing safe services.

- There were clear procedures and policies that staff were aware of to enable them to recognise and act upon any serious events or incidents. Any learning was shared with staff.
- We found that the provider had systems in place to ensure that people seeking to work at Herts Urgent Care were appropriately recruited to ensure their eligibility and suitability to work in a healthcare environment.
- All staff, both permanent and temporary underwent a thorough induction process upon starting work.
- The provider had systems in place to manage medicines safely although we found there was no system in place to identify which blank prescriptions had been allocated to vehicles used for home visits.
- The provider had good systems in place to identify and safeguard patients at risk of harm.
- The service was equipped to respond to unforeseen risks such as medical emergencies and those relating to the smooth running of the service

Are services effective?

Good

Herts Urgent Care is rated as good for providing effective services.

- Systems were in place to ensure clinicians were kept up to date with best practice guidance such as National Institute for Health and Care Excellence (NICE) guidelines.
- Data showed the service was consistently meeting National Quality Requirements (performance standards) for GP out-of-hours services to ensure patient needs were met in a timely way.
- The service was proactive in using information to identify areas for service improvement.
- Staff received appropriate support and training to carry out their roles. However we found that some staff at primary care centres told us they felt isolated.
- Clinical and staff audits were used to help support service improvement.
- Staff worked collaboratively with other services in the delivery of patient care and to improve the patient experience.

Summary of findings

- Clinicians were subject to continuing clinical supervision and case review to ensure their effectiveness in delivering the appropriate assessment for patients.
- The provider undertook regular measurement of the service effectiveness and achievement to continually assess and improve the service to patients.

Are services caring?

Good

Herts Urgent Care is rated as good for providing caring services.

- Patients said they were treated with dignity and respect by helpful and caring staff.
- Patients were satisfied that they were involved in decisions about their care and treatment.
- Patient experience surveys showed a high degree of satisfaction with the service provided.
- There was a process in place to ensure patients whose first language was not English were able to access the service through interpreter services.
- We heard patients being spoken with professionally, courteously and with empathy.

Are services responsive to people's needs?

Good

Herts Urgent Care is rated as good for providing responsive services.

- The service understood the needs of the population it served and engaged with the local Clinical Commissioning Group to provide services that were responsive to the needs of the population.
- The service worked collaboratively with other providers to identify opportunities and develop schemes to improve the services patients received. This included the ambulance service, acute in- hours visiting service, GP practices and minor injuries units to help reduce the potential for hospital admission.
- The provider had good facilities that were well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Evidence seen showed that the service responded quickly and sensitively to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

Herts Urgent Care is rated as good for being well-led.

Summary of findings

- Members of staff we talked with spoke positively about the management of the service and said there was a desire from above for staff to continually learn and improve.
- There was a strong and stable management structure; senior management were visible and an integral part of the staff team. Both the board of directors and the executive displayed high values aimed at improving the service and patient experience and took positive steps to remind and re-enforce those values with all staff.
- There was a clear leadership and management structure and staff we spoke with were clear as to whom they could approach with any concerns they might have.
- The provider supported both clinical and non-clinical staff by providing a range of training opportunities all aimed at delivering high quality, safe care and treatment to patients.
- We saw good examples of the organisation exercising its duty of candour when things had gone wrong.

We witnessed absolute openness and honesty by the senior management team towards staff at the conclusion of the inspection.

Summary of findings

What people who use the service say

The most recently available national GP patient survey results published in July 2015 showed the service was performing in line with national averages in relation to patient satisfaction with the out of hours service.

81% of respondents said it was easy to contact the out-of-hours GP service by telephone compared with the national average of 77%

67% of patients said they were satisfied with how quickly they received care from the out-of-hours provider compared to the national average of 61%.

83% of patients said they had confidence and trust in the out-of-hours clinician they saw or spoke to compared to the national average of 81%.

67% of patients were positive about their overall experience of the out-of-hours GP service compared to the national average of 69%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All were positive about the standard of care received. Patients told us they had received a great good service, that they were treated with respect by helpful and caring staff. There were no negative comments

Areas for improvement

Action the service COULD take to improve

- Ensure that staff receive supervision and appraisal that is of a consistently high quality across all of its primary care centres.
- Implement a system to identify which prescription numbers were allocated to vehicles used for home visits.
- Work with other users of healthcare premises to improve signage to the out-of-hours service at primary care centres.

Good practice

We an areas of outstanding practice:

- The provider had developed links with the University of Hertfordshire in order to develop their clinicians by means of courses aimed effective telephone triage through history taking, asking sensitive questions and decision making. Clinicians had further been supported to attend the 'Assessment- A Systematic Approach' facilitated by the University which enabled clinicians, if they so wished, to progress further to assess and triage patients face to face as Clinical Navigators .

Herts Urgent Care HQ Out-of-hours service for Hertfordshire

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and the team included three further CQC inspectors, a CQC pharmacy inspector, a GP specialist advisor and a GP manager specialist advisor.

Background to Herts Urgent Care HQ Out-of-hours service for Hertfordshire

Herts Urgent Care Limited was formed in 2007 from the merger of two GP co-operatives to create an urgent care social enterprise. It provides a range of healthcare services that includes the contract for the provision of the out-of-hours GP services for Hertfordshire since September 2012 under an integrated NHS111/ out-of-hours contract. The services are commissioned on behalf of the clinical commissioning groups by East and North Hertfordshire CCG.

The service provides for a population of approximately 1.12 million people living in Hertfordshire.

The out of hours service operates from 6.30pm to 8.00am on weekdays, and continuously from 6.30pm on a Friday evening to 8.00am on a Monday morning. It also covers Bank Holidays and provides a service for patients with urgent medical needs that cannot wait until their GP practice is next open. To access the service patients phone 111. They may then be asked to attend a primary care centres for a consultation or in some circumstance they may be seen in their home.

Herts Urgent Care provides out-of-hours treatment and care from nine primary care centres across the county. They are located at:

Bishops Stortford, Cheshunt, Hertford, Stevenage ,St Albans, Hemel Hempstead, Watford, Borehamwood and Potters Bar. We visited the primary care centres at Stevenage, Watford, Hertford and St Albans together with the providers headquarters at Welwyn Garden City during the course of this inspection.

In addition there is a separate joint commissioning arrangement with another provider for GP led services at Queen Elizabeth Hospital, Welwyn Garden City that was not part of this inspection.

GPs who work in the out-of-hours service are self-employed and work on a sessional basis. In total the service has approximately 250 such GPs, although not all undertake shifts on a regular basis. In addition to GPs the out-of-hours uses the services of nurses, healthcare assistants and drivers at the primary care centres.

In 2014 in excess of 148,000 patients sought advice from the service. This resulted in 31% receiving advice, 44% being seen at a primary care centre, 12% seen at home and 10% referred to accident and emergency services.

Detailed findings

Why we carried out this inspection

We inspected this service 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.

We had previously inspected this service in March 2014.

How we carried out this inspection

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

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

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

We carried out an announced visit to the providers headquarters at Welwyn Garden City on 3 and 4 November and visited four primary care centres at Watford, St Albans, Stevenage and Hertford.

During our visit we spoke with members of staff at the providers headquarters and also at the four primary care centres. They included the Chief Executive Officer, Director of Human Resources and Communications, Director of Finance and Performance, Head of Urgent Care, Head of Clinical Governance and the Clinical and Deputy Clinical Lead. We met and spoke with GPs, nurses, healthcare assistants, receptionists and drivers as well as shift managers and a range of administrative staff.

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

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

This report is limited to the out-of- hours service. A simultaneous inspection took place of the NHS111 service provided by Herts Urgent Care and part of an integrated contract which is subject to a separate report.

Good

Are services safe?

Summary of findings

Herts Urgent Care is rated as good for providing safe services.

- There were clear procedures and policies that staff were aware of to enable them to recognise and act upon any serious events or incidents. Any learning was shared with staff.
- We found that the provider had systems in place to ensure that people seeking to work at Herts Urgent Care were appropriately recruited to ensure their eligibility and suitability to work in a healthcare environment.
- All staff, both permanent and temporary underwent a thorough induction process upon starting work.
- The provider had systems in place to manage medicines safely although we found there was no system in place to identify which blank prescriptions had been allocated to vehicles used for home visits.
- The provider had good systems in place to identify and safeguard patients at risk of harm.
- The service was equipped to respond to unforeseen risks such as medical emergencies and those relating to the smooth running of the service

Our findings

Safe track record

Herts Urgent Care was able to demonstrate a good track record in keeping people safe.

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

Staff were clear about their line of management and told us they would have no concerns about reporting any safety incidents and near misses.

Learning and improvements

The provider had a system in place for the reporting, recording and monitoring of significant events and complaints. There was a nominated member of staff who dealt with complaints about the service. We looked at a sample of the recorded complaints for the period October 2014 to September 2015. Of the complaints viewed there was good analysis of the complaint, full investigations, timely acknowledgments and full responses including apologies were necessary. Where staff performance had been identified as an issue we saw that personal development plans had been implemented for the staff involved. We saw evidence that any learning from complaints was cascaded to staff.

We looked at the significant events that had recorded from December 2014 through to September 2015. They covered a wide range of issues such as clinical assessment through to minor accidents in the workplace involving Herts Urgent Care staff. We saw that they had been clearly recorded and a full root cause analysis undertaken. Steps to prevent any re-occurrence were clearly documented and had been actioned.

Reliable safety systems and processes and practices

All of the staff we spoke with were able to demonstrate a good working knowledge of what may constitute a

safeguarding concern and how they would raise a concern. We saw that safeguarding concerns had been directed to the appropriate authority and where possible the outcomes had been fed back to staff.

Training records we looked at showed that all staff received training at an appropriate level in safeguarding vulnerable adults and children as part of their mandatory training.

We found that the provider had a robust and efficient processes for the management of medicines and that all drugs, including controlled drugs, were ordered and managed appropriately. We saw there was a record of drugs received at the provider's central pharmacy at Welwyn Garden City.

There was a minimum stock level of medicines kept in each car and base level. This was managed and 'topped up' from the providers headquarters. There was an internal process for the management of prescriptions which helped to ensure that reconciliation of medicines was done. In addition, physical counts of the stock were undertaken and compared to records.

The service had employed six pharmacists since August 2015. They currently worked between Friday and Sunday, that being the busiest part of the week for the service. The provider was currently undertaking an audit to assess the outcome and impact on value of these pharmacists, but confirmed that of the calls recieved by the NHS 111 service and which subsequently impacted on the out-of-hours service, 6% related directly to enquires about medicines. It was too early to provide any robust evidence as to the effectiveness of employing pharmacists had been.

Of the six pharmacists four had a non-medical prescriber's qualification, although none currently prescribe in the service. The provider told us that the aim was to assess their competency to enable them to prescribe.

A monthly audit took place on the prescribing of six drugs with the potential for misuse including codeine, co-codamol and tramadol. If a GP over-prescribed these drugs compared with the maximum quantities allowed, this was be flagged up for review. Clinicians who persistently over-prescribed, were spoken to directly for an explanation and review. A weekly newsletter was sent to all clinicians to disseminate learning around drugs and prescribing. This has resulted in less overprescribing of these types of drugs in the last three months.

A monthly audit took place on the prescribing of antibiotics. Each month, a different condition was targeted and all GPs were monitored for the type and amounts of antibiotics prescribed. If an inappropriate drug or high quantities were prescribed, it was flagged up for review by the medical directors team. It was shown that this approach had resulted in fewer inappropriate antibiotics being prescribed and in fewer numbers.

The provider had a medicines management committee which met every three months. This group reviewed medicines stocked, made amendments were appropriate and discussed any other medicines management issues.

Prescription pads were ordered centrally by the provider. These were then sent to the primary care centre locations. There was a log of pad numbers ordered and received at each of the primary care centres however the number of blank prescriptions allocated to each vehicle was not recorded. This meant there was no system in place to identify if individual prescriptions were misused, lost or stolen. This was raised with the provider during the inspection and they took immediate steps to rectify the situation.

The provider maintained appropriate standards of cleanliness and hygiene in the primary care centres. We observed the four centres we visited to be visibly clean and tidy. Staff had access to appropriate hand washing facilities, personal protective equipment, and equipment for cleaning equipment and spills of bodily fluids during the shift. The service had a nominated infection control lead and up to date infection control policies and procedures were available to support staff. Infection control was part of the service's mandatory training. We looked at a number of recent infection control audits which had been undertaken by the provider in addition to those completed by the landlords of the premises. We saw that areas for improvement were clearly highlighted along with the actions required.

Monitoring safety and responding to risk

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

Regulated activities took place across nine primary care centres. All of these premises were used by other healthcare services during the 'in hours' period. There were

Good

Are services safe?

contractual arrangements in place for the management of risks affecting the premises such as fire safety, legionella and cleaning and we saw evidence of how a member of staff had escalated an issue regarding cleanliness at one such centre, and that it had been dealt with effectively.

Equipment was checked and calibrated to ensure that it was safe to use and working properly. Systems were in place to ensure clinical rooms and home visit equipment bags were routinely checked and restocked as required.

The service operated vehicles used on home visits. We saw service records to show that these were regularly maintained. The drivers undertook routine checks of the vehicle to ensure they were clean and to report any faults that needed to be addressed.

The service was generally performing well indicating that there were appropriate staffing of shifts. Performance was consistently at or above the National Quality Requirements. However we noted that the provider had consistently failed to meet National Quality Requirement 12, which stipulates the time-scale in which face to face consultations must be started. The provider had identified the problem as GP support being required in between patients for triage which had an impact on appointments. In addition there had been a few unfilled shifts at peak times. Direct booking at certain points had also impacted with appointments being booked outside of NQR time frames. We saw that the provider was taking action to address the issue and had recently recruited several additional sessional GPs.

In addition to the GPs providing consultations at the primary care centres, there was also a duty GP who was supernumerary and could be used to fill any gaps in GP cover or provide additional support.

Staff were able to access the rota system remotely to book shifts. A winter rota was also in place with increased staffing levels to help manage the anticipated increases in demand on health services. The use of locum GPs was low although they were used to cover times of peak demand especially at weekends and public holidays.

Arrangements to deal with emergencies and major incidents

We saw that a comprehensive business continuity plan, available electronically and in hard copy format, was in place to inform staff in the event that the normal operation of the service was interrupted by such things as failure of power, telephony, staffing issues or loss of a primary care centre. It had been last reviewed in June 2015. We saw that a hard copies as well as electronic copies were available allowing all staff access to it should the need arise.

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

Good

Are services effective?

(for example, treatment is effective)

Summary of findings

Herts Urgent Care is rated as good for providing effective services.

- Systems were in place to ensure clinicians were kept up to date with best practice guidance such as National Institute for Health and Care Excellence (NICE) guidelines.
- Data showed the service was consistently meeting National Quality Requirements (performance standards) for GP out-of-hours services to ensure patient needs were met in a timely way.
- The service was proactive in using information to identify areas for service improvement.
- Staff received appropriate support and training to carry out their roles. However we found that some staff at primary care centres told us they felt isolated.
- Clinical and staff audits were used to help support service improvement.
- Staff worked collaboratively with other services in the delivery of patient care and to improve the patient experience.
- Clinicians were subject to continuing clinical supervision and case review to ensure their effectiveness in delivering the appropriate assessment for patients.
- The provider undertook regular measurement of the service effectiveness and achievement to continually assess and improve the service to patients.

Our findings

Effective needs assessment

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

The provider had systems in place to support clinical staff in keeping up to date. Policies were in place for managing NICE guidance and safety alerts that were received.

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

Management, monitoring and improving outcomes for people

The provider used National Quality Requirement (NQR) and other quality indicators which it submitted to the Clinical Commissioning Group (CCG) to monitor the quality of the service patients received. NQRs for GP out-of-hours services were set out by the Department of Health to ensure these services were safe and clinically effective.

We reviewed the applicable NQR standards for the previous twelve months and found that the service had generally met the standards required. However as this was an integrated NHS111 and out-of-hours service this had resulted in some problems with the mapping of DX codes from NHS Pathways to the out-of-hours priorities. This has resulted in increased demand on Herts Urgent Care, for example if the disposition from NHS111 was to call the patient back within 12 hours, Herts Urgent Care called them back within one hour. It was also evident that effective case disposition by NHS111 health and clinical advisors had meant that the complexity of calls passed to GPs had increased but the provider had experienced reduced capacity due to capped funding from the service commissioners.

We saw that the provider had been in consultation with the commissioners and it had been agreed that NQRs 9 and 10 that relate to telephone and face to face clinical assessment respectively, would not be measured or reported on although we did see figures that showed that they were not apparently meeting the key performance indicators for these NQRs We explored this and found that the service has no walk-in element, as all patients are

Good

Are services effective?

(for example, treatment is effective)

booked a consultation at an agreed time and place. Those patients that did walk-in without an appointment were asked to call NHS111 for clinical asessement. The negative impact was with such small numbers of walk in patients, any falling outside of the measurment criteria had a considerable statistical adverse effect on perceived performance. The system had not resulted in any serious incidents and there had been no negative feedback from patients.

In respect of NQR 12, which concerns face to face consultations, the direct booking of patients into face to face clinical consultation at primary care centres by clinical advisors at NHS111 had increased base activity by 45%. We saw that the provider recognised the problem and had worked with the commissioners to increase the hourly rates paid to sessional GPs to meet demand. This had already resulted in increased rota fill and greater use of local GPs rather than locum GPs who are deemed to have lower productivity.

Meetings were held for all staff groups. There were a number of meetings aimed improving outcomes for patients which included at monthly clinical review meetings, medicines management meetings and senior management team meetings.

We saw that the provider made innovative use of computer screen savers to highlight specific health issues. For example at the time of our visit the emphasis was on meningitis awareness.

Effective staffing

The provider had a system in place for staff to receive an annual appraisal from their manager. We found that there was some variance in the quality of supervision and appraisal that staff received dependent upon which primary care centre they worked at. For example we spoke with members of staff at one centre who told us they rarely saw a manger and one said they had only seen them once in the last six months even though they worked a variety of shifts. They also told us that since a nurse manager had left a few weeks previously they had relied on emails to receive updates to clinical practice. When we viewed the annual appraisal of these staff we found that the documents were perfunctory and appeared not to have been completed with any care or attention. Conversely when we looked at the annual appraisal records of staff from other locations we found them to have been very well considered and written, and identified the subjects performance and future training needs.

Clinical staff had been supported to attend the 'Assessment- A Systematic Approach' facilitated by the University which enabled clinicians, if they so wished to progress further to assess and triage patients face to face as Clinical Navigators.

The provider had in place a formal process to identify and deal with poor performance of GPs, including low productivity and lateness.

Working with colleagues and other services

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

Information sharing

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

Details of a patients contact with the out-of-hours service was sent to their own GP practice by 8am the following morning, in line with National Quality Requirements.

Consent to care and treatment

Clinicians sought patients' consent to care and treatment in line with legislation and guidance. and had access to information such as do not attempt resuscitation orders through special patient notes so that they could take it into account when providing care and treatment.

Clinicians we spoke with were aware of the Mental Capacity Act 2005, as well as consent in relation to the children and young people, known as the Gillick and Fraser Competency Guidelines. We saw that training in this area formed part of staff induction and guidance was also available online.

Good

Are services effective?

(for example, treatment is effective)

Training available to staff included dementia awareness through the Dementia Friends program

Good

Are services caring?

Summary of findings

Herts Urgent Care is rated as good for providing caring services.

- Patients said they were treated with dignity and respect by helpful and caring staff.
- Patients were satisfied that they were involved in decisions about their care and treatment.
- Patient experience surveys showed a high degree of satisfaction with the service provided.
- There was a process in place to ensure patients whose first language was not English were able to access the service through interpreter services.
- We heard patients being spoken with professionally, courteously and with empathy.

Our findings

Dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and helpful to patients both at the primary care centres and on the telephone. We listened to a GP talking to a patient on the telephone . We did not listen to the caller side of the conversation. We heard them speak in a professional yet caring manner.

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

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

Feedback we received from patients from CQC comment cards and our conversations with three patients at primary care centres during our visit was very positive.

.

Involvement in decisions about care and treatment

Staff we spoke with were aware that some callers needed extra help and support to help them understand or be involved in their care and treatment and this included callers who were unable to understand English well enough to be able to make an informed choice. All clinical staff had access to translation services.

Patient/carer support to cope emotionally with care and treatment

The provider had in place clear systems to signpost callers to other services, for example mental health services. The service had information that it gave to support relatives in the event of death.

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

Staff were given the opportunity to attend courses aimed at helping them to ask difficult, sensitive and probing questions.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Herts Urgent Care is rated as good for providing responsive services.

- The service understood the needs of the population it served and engaged with the local Clinical Commissioning Group to provide services that were responsive to the needs of the population.
- The service worked collaboratively with other providers to identify opportunities and develop schemes to improve the services patients received. This included the ambulance service, acute in- hours visiting service, GP practices and minor injuries units to help reduce the potential for hospital admission.
- The provider had good facilities that were well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Evidence seen showed that the service responded quickly and sensitively to issues raised. Learning from complaints was shared with staff and other stakeholders.

Our findings

Responding to and meeting people's needs

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

We did not receive any negative feedback from the patients we spoke with and feedback cards we received about waiting times for appointments to see a clinician or waiting times at the primary care centres. The average wait time to be seen once a patient arrived at a primary care centre was 17 minutes.

Tackling inequity and promoting equality

We found no evidence that users of the out-of-hours service were treated any differently as a result of disability, their race, religion, ethnic group or sexual orientation. We saw that staff had received training in equality and diversity.

Access to the service

The out-of-hours service operated between 6.30pm and 8am Monday to Friday and 24 hours on a Saturday, Sunday and bank holidays. Patients accessed the service through the NHS 111 telephone number. Calls were triaged by the 111 service and patients assessed as having a need to have a face to face consolation were booked directly into one of the primary care centres or referred for a home visit. We saw good evidence that patients were given clear directions on how to find the out-of -hours primary care centre including details of car parking facilities.

We noted that signage to the out-of-hours primary care centre at The Lister Hospital Stevenage and at Watford General Hospital was poor and there was no signage at all at Hertford County Hospital.

Listening and learning from concerns and complaints

We looked at the records of the complaints received about the out-of-hours service in the period October 2014 to

Good

Are services responsive to people's needs?

(for example, to feedback?)

September 2015 and saw they had been correctly recorded, investigated and responded to. The investigations included, where appropriate, an apology to the complainant.

All complaints had been categorised, for example staff attitude, waiting times, process etc. to help identify any trends. Analysis of the complaints had been completed but this did not show that any one theme was significantly higher than others. Learning from complaints was evident and individual members of staff concerned in the complaint were involved. Where necessary action was taken to prevent any re-occurrence by means of additional support, training, supervision or reflection.

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

When we viewed the minutes of meetings we saw that complaints and serious incidents were referred to together under the same heading. We saw how this apparent confusion had resulted in one example of a complaint being delayed as it was passed over to the serious incident team to take forward and the complaint not acted upon. The provider needed to make the difference clear to staff so that the procedures and policies relating to the investigation of complaints and serious incidents can run in parallel. We pointed this out to the provider who took immediate action to ensure that this was rectified.

Are services well-led?

Good

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

Summary of findings

Herts Urgent Care is rated as good for being well-led.

- Members of staff we talked with spoke positively about the management of the service and said there was a desire from above for staff to continually learn and improve.
- There was a strong and stable management structure; senior management were visible and an integral part of the staff team. Both the board of directors and the executive displayed high values aimed at improving the service and patient experience and took positive steps to remind and re-enforce those values with all staff.
- There was a clear leadership and management structure and staff we spoke with were clear as to whom they could approach with any concerns they might have.
- The provider supported both clinical and non-clinical staff by providing a range of training opportunities all aimed at delivering high quality, safe care and treatment to patients.
- We saw good examples of the organisation exercising its duty of candour when things had gone wrong.

We witnessed absolute openness and honesty by the senior management team towards staff at the conclusion of the inspection.

Our findings

Vision and strategy

Herts Urgent Care demonstrated that they put quality and safety as a top priority with the vision and values being clear to all staff. Staff we spoke with clearly understood that quality and safety were paramount and we saw that the organisation took every opportunity to re-enforce the messages through, for example, the use of computer screen savers.

Governance arrangements

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

The service had made the required statutory notifications to the Care Quality Commission.

Leadership, openness and transparency

Herts Urgent Care was led by an experienced management team who were supported by a board of directors with wide ranging experience including pharmacology, finance, urgent care provision, human resources and GP services.

We noted that senior members of staff, including the Chief Executive and Head of Human Resources had their offices as an integral part of the call centre at Welwyn Garden City making them visible and accessible to staff. We also noted that the doors to their offices were habitually left open. Staff that we spoke with told us that senior management were visible and approachable. Staff were very positive and morale appeared to be very high.

At the conclusion of our inspection the inspection team gave feedback to the senior management team regarding the preliminary findings. The management took a very positive and open course of action and opened the feedback session to all available staff to hear what was being said. The inspection team considered this to be an outstanding example of leadership, openness transparency and honesty.

Public and staff engagement

Are services well-led?

Good

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

The provider utilised a number of strategies to gather the views of patients and others using the service. All visitors to their primary care centres were asked to provide patient feedback which included rating their experience through he provider website and the use of social media.

The provider had a Whistleblowing policy that had been reviewed in January 2015 and had an equality impact assessment tool template attached.

The provider published a quarterly staff newsletter, 'Touchpoint' and a monthly 'Touchpoint update' that was well presented, professional looking and covered a range of subject areas including staff news and social events as well as performance statistics and other material affecting the staff and service delivery.

Continuous improvement

We looked at the training that was provided to staff and saw that it was appropriate and fitting to their role, helping them to maintain and improve the patient experience. This included mandatory training such as safeguarding children and vulnerable adults and basic life support as well as essential training such as information governance, health and safety, integrated clinical governance and equality and diversity.

The provider had developed links with the University of Hertfordshire in order to develop their clinical staff by means of courses aimed effective telephone triage through history taking, asking sensitive question and probing questions and decision making.