

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## GP Out of Hours Unit

Emergency Care Centre, Diana Princess Of  
Wales Hospital, Scartho Road, Grimsby, DN33  
2BA

Tel: 01472256222

Date of Inspections: 28 June 2013  
26 June 2013

Date of Publication: July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Core Care Links Limited
Registered Manager	Dr. Martin Gorris Clausen
Overview of the service	<p>The GP Out of Hours Service is located in the Fracture Clinic at the Diana, Princess of Wales Hospital, Grimsby. The service provides emergency access to GP's when a patient's registered practice is closed. The service operates: Monday- Friday 6:30 pm- 12:30am with a GP on call until 8am. At weekends and Bank Holidays: 8 am- 12: 30am with a GP on call until 8am.</p>
Type of services	<p>Doctors consultation service Doctors treatment service Mobile doctors service Urgent care services</p>
Regulated activities	<p>Diagnostic and screening procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury</p>

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 June 2013 and 28 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, reviewed information given to us by the provider and were accompanied by a specialist advisor. We used information from local Healthwatch to inform our inspection.

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### What people told us and what we found

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People who used the service were given appropriate information and support regarding their care or treatment. Comments included, "We didn't have to wait long, everyone has been really helpful, I'm happy with everything" and "I've used the service before. It's very good."

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Staff were provided with regular supervision. Records showed the majority of staff had received appropriate training and systems were now in place to address any shortfalls. One patient told us, "All the staff have been very kind and helpful."

We saw records that confirmed the provider was measuring its performance on a quarterly basis. Patients, their representatives and staff were asked for their views about their care and treatment and they were acted on.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Patients accessed the GP Out of Hours Unit either by telephone or by presenting themselves at the unit. The service used a call handling team who provided this service off site. On Saturdays and Sundays the service provided a GP to work alongside the call handling team to provide direct support with treatment options. Patients we spoke with during the inspection told us they had received contact details by being diverted to the service out of hours, also by using local information networks. One person said, "I'm on holiday in the area and the park office gave me the details for the service. The system was really efficient, we've been seen straight away, can't fault anything."

The Out of Hours Unit was located in the fracture clinic on the main hospital site. We saw that the unit operated a reception area. We were informed by the manager that a temporary barrier and a queuing system would be introduced in the near future which would allow more privacy at the reception desk.

Information provided at the reception desk was entered on to the computerised system for the triage nurse. People were seen by the triage nurse in a private room and there was a system in place whereby staff were aware when this room was in use. All consultations with GP's were held within private rooms to ensure the privacy and maintain the dignity of people attending the unit. The staff confirmed the chaperone policy. There was access to translators if people needed them.

We spoke with five people during the visit. People we spoke with felt that they were involved in the treatment decisions made with the healthcare professionals working at the GP Out of Hours Unit. People also felt that they were treated with dignity and respect by all the staff working at the unit. Comments included, "The telephone system works well, the questions are straight forward. They even check how you can get here" and "All the staff

I've had contact with tonight have been really kind and considerate, very helpful."

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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Care and treatment was planned and delivered to ensure patient's safety and welfare. Electronic databases were maintained for each patient. We sampled three patient pathways in order to 'track' the consultation process.

We saw the process involved gaining information about the patient and prioritising their needs accordingly. There were three categories, emergency, urgent or routine. Staff who dealt with calls had the knowledge and skills to identify those patients who may have an immediate life threatening condition, by asking the appropriate questions. Similarly when patients presented at the unit a simple triage process was followed. This system meant patients were receiving the necessary level of assessment and appropriate response, according to their presenting needs.

All the staff on the unit confirmed that following triage, patients were seen by the GP in order of need. The computer system allowed direct messaging from the call handling team to highlight any people who may be attending with more urgent needs.

Reception staff confirmed they explained potential waiting times to people when they arrived. They also said they told patients they should return to the desk and seek assistance if they considered their needs had changed or they felt they needed to seek more prompt attention. The manager confirmed how they were making improvements to formalise these arrangements. A notice with the expected waiting time and a patient information leaflet would be provided in the near future.

GP's we spoke with confirmed they had access to medical records for the majority of patients registered in the areas they provided a service to. This meant they could access information about the person's past medical history and current status. The GP's provided a record of the advice and treatment provided at the unit. Records we looked at had been completed at the triage stage and by the nursing and medical professionals. The manager confirmed medical records were audited regularly by an external auditor and any issues were followed up with the individual practitioner.

The General Practitioners (GP's) of patients were informed of any contact their patient had with the service. This included advice or treatment provided. This meant the patient's GP's

were aware of any issues which might need following up.

Patients we spoke with expressed satisfaction with the care and treatment they had received. One person told us, "We didn't have to wait long; everyone has been really helpful, I'm happy with everything." Another person said, "I've used the service before. It's very good."

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Staff we spoke with and records we looked at showed they were aware of their responsibilities in protecting patients. All the staff we spoke with confirmed they had received training on safeguarding children and adults from abuse. When we checked the training records we noted there were some gaps. The manager confirmed that all clinical and reception staff were employed by the service in a secondary employment capacity. Under this contract their primary employer was responsible for providing the training. The manager confirmed they had identified the gaps in training for some staff and were currently checking the accuracy of the training records. They told us that if there were delays with those staff members accessing the necessary training from their primary employer then the service would look into providing this training directly.

Policies for safeguarding children and adults were available in printed copy. A 'pathway' document had also been produced which gave staff clear information on the processes to follow if they had concerns relating to children to report, such as telephone numbers of the police and local safeguarding teams. The manager confirmed a similar document would be produced to outline procedures to follow in respect of adult safeguarding concerns.

There was evidence that appropriate referrals had been made to the local safeguarding teams when necessary.

When we asked staff to describe the whistle blowing procedures, they all confirmed they would speak with one of the five directors of the organisation if they had any concerns. The manager confirmed the organisation's whistle blowing policy had recently been approved and would be issued to staff the following month.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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The service was mainly staffed by people who were employed in a secondary capacity. Meaning this was in addition to their primary position. For other staff this was their primary role. The workforce worked on a shift basis and this varied for each employee. Doctors who worked for the service were independent contractors. All of the doctors were local GPs, who lived and worked locally, 'locum' doctors were not used. The directors of the organisation, all local GPs also worked regularly within the unit. The management team developed and maintained the staff rota system, providing on call support.

We looked at the training records for nursing and administration staff. The records showed that staff were provided with a range of training which the provider considered essential. This included training in areas such as: information governance, safeguarding, equality and diversity, basic life support, infection control and conflict resolution. Records showed there were some gaps in all the courses. The manager we spoke with confirmed they had identified this issue and were following this up with the primary employer who has responsibility for their staff training. If required staff would be provided with the appropriate training from Core Care Links Ltd.

The manager explained how training and appraisal the GP's received was monitored through their primary employer and the ongoing professional development requirements through their registration with their professional body and preferred primary care list through the local commissioning services.

Induction programmes were in place for all staff. Nursing and administration staff were provided with induction from their primary employer. We were told there had been minimal staff turnover in these teams. Medical staff were provided with a two shift structured induction programme within the GP Out of Hours Unit, which was overseen by one of the organisation's directors. All the GP's who worked alongside the call handling teams had received specific training in this area.

The manager told us the organisation's new website and associated software systems would be 'live' from next month. New appraisal systems had been developed, which staff will be expected to complete to support their working practice at Core Care Links Ltd. The manager explained these would be completed on line and face to face meetings would be

held where necessary or where requested.

Staff working in the unit told us there was a good team approach and staff were motivated to provide good quality care. All staff confirmed they received a good level of support from the organisation's senior management team.

Patients we spoke with were complimentary about the staff they met and who they had spoken with.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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There were management systems in place to monitor the quality of the service provided.

The service provided quarterly reports to North East Lincolnshire Clinical Commissioning Group (NELCCG) and Lincolnshire Community Health Services NHS Trust. This included, performance information, clinical and strategic management.

There was evidence of regular audits taking place in all areas of the service. This was done to collect and analyse information in order to identify any trends or themes which may impact on the service. It also enabled the service to focus on specific areas for development and measure quality.

There was evidence of regular random patient experience audits taking place, as part of the National Quality Requirements for this type of service.

We noted that patient comment forms were provided at the reception desk. Staff encouraged patients to complete these forms following their consultation. The manager described how improvements had been made to the comments form. Patients were now asked to confirm if they wanted to receive direct feedback on the comments they had made. We were informed seven people had received this type feedback so far. The manager confirmed that the new website will provide on line feedback for the general public. A 'You Said - We Did' feature will be put in place to demonstrate the improvements made from consultation.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. The manager confirmed that where necessary any 'root cause analysis' investigations were carried out by a local provider until the management team had completed the relevant training.

The service had a complaints procedure in place to manage any concerns or complaints raised with them. The manager was responsible for this process and fed back information to the board so that there was an open and transparent approach to investigating concerns and complaints. Staff were able to describe the process and we were shown a copy of the

complaints policy which was displayed in the waiting area.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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