Chorley Integrated Urgent Care Centre

Quality Report

Chorley & South Ribble Hospital
Preston Road
Preston
PR7 1PP
Tel:01257 261222

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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?	Outstanding

Summary of findings

Contents

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at Chorley Integrated Urgent Care Centre on 14 November 2017. This was our first inspection of this new service.

At this inspection we found:

- The service had comprehensive systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely and frequently reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect. Patients told us that they appreciated the service and praised the staff who cared for them.
- Patients were generally able to access care and treatment from the service within an appropriate timescale for their needs. Where this was problematic, the service was working to an action plan to produce improvements.
- The patient engagement manager worked proactively with patients who contacted the service frequently to address their needs and reduce the number of times that they needed to contact the service.
- The service focused on the needs of patients. Managers told us that patients' needs were central to the organisation.
- There was a proactive approach to managing the skill mix of staff needed to provide best care to patients. Staff felt respected, valued and supported.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. The organisation was forward thinking and had initiated schemes to improve outcomes for patients in the area. It was working with the hospital emergency department to agree pathways of care for different patient conditions.

We saw two areas of outstanding practice:

- Patients' individual needs and preferences were central to the planning and delivery of the service. For example, the service had worked with deaf expert patients to help understand the needs of those patients following a patient complaint. They designed their own patient leaflets to explain the services that they offered and to give patients health information.
- The service leadership offered all staff a chance every year to bid for innovations that would benefit the organisation or the local community. We saw evidence

Summary of findings

of where this fund had been invested over the three years previously and staff told us how much they appreciated being consulted regarding the service and community development.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Chorley Integrated Urgent Care Centre

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 GP specialist adviser and a GP specialist advisor in training.

Background to Chorley Integrated Urgent Care Centre

Chorley Integrated Urgent Care Centre (CIUCC) is located in the Chorley and South Ribble Hospital at Preston Road, Preston, Lancashire at PR7 1PP, adjacent to the hospital accident and emergency (A&E) department.

The service provides a fully integrated service including all aspects of urgent primary care, provided 24 hours a day, seven days a week. The service integrates out-of-hours care, an urgent care centre, a deep vein thrombosis pathway service and a pathway alternative to transfer (PAT) service. (The PAT service allows for the North West Ambulance service to refer patients to CIUCC who they had assessed as not being suitable for hospital attendance, in order to provide advice or treatment to patients in the most appropriate setting).

The service is provided by GO To DOC Limited, also known as gtd healthcare, a not-for-profit organisation contracted by NHS Chorley and South Ribble clinical commissioning group (CCG). GO To DOC also provide a similar integrated service from the Royal Preston Hospital. All services in Chorley started in November 2016 except for the urgent care service which started in January 2017.

The service is located in rooms leased on the ground floor of the Chorley and South Ribble Hospital. It comprises modern, purpose-built triage and treatment rooms, patient waiting areas, reception desks and a reception office. The service utilises the hospital car parking for patients with the first 30 minutes free; parking after that is pay and display. The waiting areas in the service are large, and there is suitable seating for patients; there are arrangements for children to wait in a separate waiting room which is brightly furnished and well-equipped. The waiting areas are shared with the hospital A&E department.

According to the Public Health England health profile for Chorley published on the 4 July 2017, the health of people in Chorley is generally similar to the England average. Chorley is on average a less deprived district in England and about 14% (2,655) of children live in low income families compared to the national average of 20%. The life expectancy for men is similar to the national average and for women, slightly worse.

The service is GP-led employing both salaried and sessional GPs. Staff at Chorley are also made up of advanced care practitioners, urgent care practitioners, registered nurses, healthcare assistants, drivers and care-co-ordinators. Some staff are shared with the service at the Royal Preston Hospital location. They are assisted by the GO To DOC management and administration teams based in Denton, Greater Manchester. Both clinical and non-clinical staff have lead roles in the organisation.

Good

Are services safe?

Our findings

We rated the service as good for providing safe services.

Safety systems and processes

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

- The service had a contractual agreement with the hospital whereby all safety checks of the premises and equipment were carried out in a timely manner. There was a contracts manager who attended monthly meetings to discuss these agreements and who held a spreadsheet that detailed when checks were due. Health and safety policies were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training, for example fire safety. The service had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance at any hour of the day and were available both in hard copy and on the service shared computer drive.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The service kept a log of all safeguarding concerns which were reported to safeguarding teams and/or discussed with the patient's GP in a timely manner. The provider held quarterly internal safeguarding meetings and attended other local external safeguarding meetings.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken appropriately where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC) and an ongoing programme of IPC audit was undertaken.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. One of the healthcare assistants carried out daily checks of equipment and supplies in clinical rooms. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed based on the ongoing analysis of patients' needs. There was an effective system in place for dealing with surges in demand.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. There were posters in clinical rooms reminding clinicians of the National Early Warning Score (NEWS) used to provide the earlier identification of patients who may have or be at risk of sepsis.
- The provider was well-equipped to deal with medical emergencies.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Good

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. If patients needed to be transferred to the hospital, the service printed off the necessary patient notes to accompany the patient.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, as well as controlled drugs and vaccines, minimised risks. The service kept prescription stationery secure and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. There were also spot checks of clinical prescribing carried out by the service clinical guardian.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, including the local A&E department where appropriate and the clinical commissioning group (CCG).

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, as a result of two separate incidents when staff experienced a needlestick injury (the penetration of skin by a used needle), the service obtained further advice and support for staff from the provider's infection prevention and control lead.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service. For example, during and after the national computer-generated attack on NHS computer systems, the service discussed with other providers and stakeholders how patients could be managed safely during such an event and no clinical incidents took place while the computer systems were down. As a result of the attack, a further fax machine was purchased for the provider head office.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The NICE guidelines were used to deliver the provider's deep vein thrombosis (DVT) service. There were regular clinical discussions of guideline changes. The provider monitored that these guidelines were followed.
- Telephone assessments were carried out using a defined operating model. Staff were aware of the operating model which included the use of a structured assessment tool and the need for referral to an alternative provider if necessary.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- There was a system in place to identify frequent callers and patients with particular needs, for example palliative care patients, and protocols were in place to provide the appropriate support. The patient engagement manager worked proactively with patients who contacted the service frequently to address their needs and reduce the number of times that they needed to contact the service.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. "Special notes" were used by GP practices to inform the service of vulnerable patients. These notes were added to the service patient record and kept in printed form in the operations room at head office for ease of access. We saw no evidence of discrimination when making care and treatment decisions and staff told us that all patients would be treated according to need.
- Technology and equipment were used to improve treatment. The provider had contracted a new DVT diagnostic screening service starting at the end of November 2017 to provide full leg screening for patients with a suspected DVT. This would improve the lower leg screening process in place at the time of the inspection and prevent patients from attending for another leg screening one week after the first if the first result was negative. The service was also introducing point-of-care blood tests for patients with a suspected DVT. This specialised equipment would allow patients to get results of blood tests without having to wait, allowing them to be discharged if results were negative.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity. There was an audit programme which had started to review clinical activity such as the management of patients with urinary tract infections and the treatment of patients with sore throats. The provider's contract required that a regular audit of a random sample of patient contacts (1% or four consultations for each clinician every month, whichever was the greatest) was undertaken and that appropriate action was taken on the results of those audits.

From 1 January 2005, all providers of out-of-hours services were required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to their clinical commissioning group (CCG) on their performance against the standards which include: 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 saw the most recent NQR results for the service (October 2017) which showed the provider was generally meeting the following national performance indicators:

- All telephone clinical assessment made within 60 minutes, 94% (target 95%).
- All consultation of urgent cases consulted within 120 minutes, 92% (target 95%).
- All consultation of less urgent cases consulted within 360 minutes, 99% (target 95%).
- The service sent details of all out-of-hours consultations to the patient's registered practice by 8am the next day, 96% (target 95%).

Good

Are services effective?

(for example, treatment is effective)

- The percentage of patients presenting with life threatening conditions, that once identified were passed to the most appropriate acute response within 3 minutes, 100% (target 95%).
- The percentage of patients presenting with non-urgent needs whose definitive clinical assessment was commenced within 60 minutes of arriving at the centre, 100% (target 95%).
- For emergency cases, the percentage of face-to-face consultations (irrespective of location) commenced within 1 hour of the definitive clinical assessment being completed, 100% (target 95%).

The service used key performance indicators (KPIs) that had been agreed with its CCG to monitor its performance and improve outcomes for people for the remaining services that it offered. The service shared with us the performance data from October 2017 for the urgent care service that showed:

- 93% of people who arrived at the service completed their treatment within 2 hours. This was higher than the target of 85%.
- 77% of people who arrived at the service received clinical triage by an appropriately trained clinician within 15 minutes of arriving. This was lower than the target of 85%.
- 5% of people who attended the service were advised to attend A&E. This was the same as the target set by the CCG of no more than 5%.
- The number of patients identified as requiring transfer to the emergency department who had been in the service for longer than 1 hour 45 minutes was 19 (0.5%) when the CCG target was zero.

Where the service was not meeting its targets, the provider had put actions in place to improve performance in this area. They had conducted capacity and demand reviews to identify required staffing levels and updated the staffing structure to reflect the recommended staffing levels. They had also changed staff rotas and shifts to meet the required staffing levels with a greater shift overlap. At the time of our inspection, they were planning a recruitment drive in November 2017 so that more GPs could be recruited directly by the service to reduce the need to utilise GP locum staff.

The A&E department at Chorley hospital was open only from 8am to 8pm. We saw evidence that referrals to A&E were reviewed at least weekly to ensure they were appropriate. Any inappropriate referrals were discussed with the clinician concerned.

We saw that the service was not meeting its target for diagnostic leg scanning for patients with suspected deep vein thrombosis (DVT) (a DVT is a blood clot that develops in a deep vein, usually in the leg). The service had been allocated a number of diagnostic appointments within the hospital each day, but these appointments were not always at a time when the patient presented, or sometimes had been taken by hospital patients requiring urgent scans. We were told that this was being addressed and that the provider had contracted a new service to supply full leg scans for patients with a suspected DVT which would start in November 2017.

The service used information about care and treatment to make improvements. It was developing a new triage system for patients based on nationally recognised protocols. This was being developed jointly with hospital staff so that patient pathways were as smooth as possible. The CCG had recognised and rewarded this work.

The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action taken to resolve concerns and improve quality. We saw that audits of clinical decision making for clinical staff who passed patients to A&E after triage was carried out by the service clinical guardian whose role included the review of staff clinical practice. Audits were completed and feedback was provided to individuals. A thematic report was also provided to the CCG.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as key policies, medicines and their use and criteria for the management of patients in the urgent care centre.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.

Good

Are services effective?

(for example, treatment is effective)

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The service assessed and addressed staff and service training requirements. They had recently provided clinical staff with training in the treatment of patient minor injuries and plastering. The service told us that they placed a high value on the provision of staff training and development and staff we spoke to agreed that this was the case.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making. This audit was a contractual arrangement with the CCG which was reported each month.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. There was a GP advisor who consulted and supported GPs involved in significant events or when peer review had indicated possible performance issues.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. Staff worked with hospital staff to agree pathways of care for patients presenting to the service and there was regular review of the management of patients with the hospital A&E staff.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. The paediatric urgent care practitioner was able to refer children to the hospital paediatric department when required and staff told us that they had no problems with referrals to mental health services or other departments within the hospital. Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. When urgent discussion with the patient's GP was needed, staff telephoned the appropriate GP. Care and treatment for patients in vulnerable circumstances was coordinated with other services. The service was aware of all patients receiving palliative care.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service had two shift leads, one for urgent care and one for its out-of-hours service who communicated when one service took over from the other using a nationally recognised communications tool. This handover was recorded and stored on the service intranet for easy access.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service. An electronic record of all consultations was sent to patients' own GPs.
- During the time when the patient's GP practice was closed, if the service received patient results of diagnostic tests that indicated that urgent treatment was needed, the service contacted the patient directly.

Helping patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care. There were many clear, well-presented leaflets available in the patient waiting areas and the service was working on producing more information leaflets for patients.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. Diagnostics to support the identification of possible patient long-term conditions were provided or recommended to the patient's own GP so that an appropriate diagnosis could be made.
- Where patients' needs could not be met by the provider, staff redirected them to the appropriate service. Staff told us that they had experienced no problems with these referrals.

Consent to care and treatment

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

Good

Are services effective?

(for example, treatment is effective)

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

Good

Are services caring?

Our findings

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- There were arrangements in place to respond to those with specific health care needs such as end of life care and those who had mental health needs. Staff were aware of all patients needing end of life care and medicines that could be used in event of need were available out-of-hours.
- Of the total 29 patient Care Quality Commission comment cards we received, 26 were wholly positive about the service experienced. One had many positive comments and included a comment that the waiting area was small, and two criticised the service; one said that staff levels were low at times and one that they struggled to understand the patient name called by the clinician when it was time for their consultation. A total of 17 cards specifically praised the speed and efficiency of the service and many commented on the caring nature of staff. This was is in line with the results of the NHS Friends and Family Test and other feedback received by the service.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Staff told us that this service worked well and that they did not have any problems with using it when necessary. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Patients who had hearing, visual or learning difficulties were highlighted on the patient electronic record. Patient preferences for communication methods were also recorded when possible.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The service was in the process of reviewing all of its policies and procedures to improve their performance for people with characteristics protected by the Equality Act 2010.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The service complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

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

- The provider understood the needs of its population and improved services in response to those needs. For example, the patient pathway within the deep vein thrombosis (DVT) service was improved. The provider commissioned a new diagnostic scanning service to reduce patient appointments with the service and introduced faster, point-of-care blood testing services. The provider engaged with commissioners to secure improvements to services where these were identified. For example, staff worked with the hospital emergency department to develop patient pathways for identified patient problems. This had been recognised and rewarded by the clinical commissioning group (CCG).
- The provider improved services where possible in response to unmet needs. GPs worked with the North West Ambulance Service (NWAS) to prevent hospital attendances for patients who had been assessed by NWAS staff as potentially suitable to stay in their own homes (the pathway alternative to transfer or PATS service). They extended this service to include those patients who had been assessed as needing hospital attendance but had refused.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. "Special notes" were used by GP practices to inform the service of patients receiving palliative care or with special needs. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, and babies and young children.
- The provider had worked with deaf expert patients to help understand the needs of those patients following a patient complaint. They designed their own patient leaflets to explain the services that they offered and to give patients health information.
- The facilities and premises were appropriate for the services delivered. The children's waiting room floor was a brightly coloured underwater scene and there were imaginative toys for them to play with while they were waiting.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The premises were fully accessible and there was a wheelchair in reception for patients to use when needed.

Timely access to the service

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

- The service provided a fully integrated service including all aspects of urgent primary care, provided 24 hours a day, seven days a week. The service integrated out-of-hours care, an urgent care centre, a DVT pathway service, and a PATS service with NWAS.
- Patients could access services either as a walk in-patient, via the NHS 111 service, via NWAS or by referral from a healthcare professional. Patients did not need to book an appointment.
- Patients were generally seen on a first come first served basis, although the service had a system in place to facilitate prioritisation according to clinical need where more serious cases or young children could be prioritised as they arrived. The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times.
- Patients generally had timely access to initial assessment, test results, diagnosis and treatment although access to diagnostics for DVT patients had not been good in the past. The provider had taken steps to address this.
- The service was generally meeting the commissioner's and national quality requirements although they were working to address areas of the service where these requirements had not been met. For example, 93% of people who arrived at the urgent care service completed their treatment within 2 hours, higher than

Good

Are services responsive to people's needs?

(for example, to feedback?)

the target of 85% but 77% of people who arrived at the service received clinical triage by an appropriately trained clinician within 15 minutes of arriving which was lower than the target of 85%.

- Waiting times and delays were usually minimal and managed appropriately. Action was taken to reduce the length of time people had to wait for subsequent care or advice. The service constantly reviewed staffing levels in relation to patient attendance. Of the 29 patient comment cards that we received, 17 specifically mentioned the efficiency and speed of the service.
- Referrals and transfers to other services were undertaken in a timely way. Staff told us that they were able to make referrals appropriately when needed and that if a patient needed to be transferred to the hospital A&E department, every effort was made to do this within 8am and 8pm at Chorley to save patients having to visit Preston A&E department.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. A total of 31 complaints were received since the service opened in November 2016. We reviewed two complaints and found that they were satisfactorily handled in a timely way. We saw that patient complaints had decreased over the months since the service had opened.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant. Staff worked with those at its sister location in Preston to ensure that patients were not being passed from one location to the other.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. A GP advisor discussed all clinical complaints with the clinicians concerned to identify any needs and provide support. Staff were reminded of best practice where appropriate, for example in the prescribing of antibiotics, and of the importance of maintaining good communication skills.

Are services well-led?

Outstanding ☆

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

Our findings

We rated the service as outstanding for leadership.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. The organisation management structure was clear and comprehensive and shared with all staff. Both clinical and non-clinical staff held leadership roles.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. This vision was "to inspire trust and confidence by making a positive difference every time". The service values were to "put patients first, look after our people, give great quality care, lead the way in transforming primary care, contribute to the wellbeing of our communities".
- The service had a realistic strategy and supporting business plans to achieve priorities which they told us was flexible and allowed for responsive service development. This was evidenced in minutes of meetings and discussion with all members of staff as well as external organisations. We saw that this plan was built around the needs of patients.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from its head office felt engaged in the delivery of the provider's vision and values. The chief executive officer produced a monthly video "blog" which was available to all staff as well as a monthly newsletter.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service. Managers told us that they constantly sought ways to support staff, encourage them to feel part of the GO To DOC family and embrace their values. All staff were involved in discussions about how to run and develop the service and were encouraged to identify opportunities to improve the service delivered by the provider. The organisation offered £25,000 each year as an innovation fund for staff to use for service development and improvement. Staff were invited to submit bids for ideas to improve their working environment or the patient journey which were then judged and the winners selected. Past winning bids were, for example, the provision of basic life support training for patients, the provision of a blood monitoring clinic for patients taking blood-thinning medicines, flowers or equivalent for staff on special occasions and a staff team building event.
- The service focused on the needs of patients. Managers told us that patients' needs were central to the organisation. The service had conducted reviews of the patient journey "end to end" with the NHS 111 service and the local ambulance service.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. They used appointed advisors and managers to support staff where necessary and we saw one example where the decision was made not to employ a locum clinician again in the organisation because of performance issues.
- The provider had an equality and diversity sub-group of the senior management team that met regularly and considered all elements of patient equality and diversity to ensure that the service met patients' needs. The service was using the "equality delivery system 2" (EDS2) process to assess all of its policies and procedures (the

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Outstanding ☆

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

main purpose of EDS2 is to provide a tool to help NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010). The process was being conducted at board level.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw letters of apology that had been written to patients as a result of incidents and complaints. The provider was aware of and had systems 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).
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. We saw that concerns that had been raised by staff had been discussed in governance and quality improvement meetings.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work. The organisation assessed training needs on an individual and service level and arranged for staff training accordingly. We were told that they considered this training to be pivotal to the success of the organisation.
- There was a strong emphasis on the safety and well-being of all staff. The provider funded staff social events such as an "It's a knockout" day in April 2017 and a twentieth anniversary celebration party in March 2017.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. Close working with hospital A&E staff was encouraged and had been recognised and supported by the clinical commissioning group (CCG).
- There was a strong clinical governance department that held two-monthly meetings with a set agenda for the discussion of quality issues such as significant events, complaints, service performance, actions resulting from changes to best practice guidance, changes to policy and clinical audits. Outcomes of discussions at clinical governance meetings were fed to the senior management team meetings. There was a quarterly clinical governance report which reported on all governance issues including clinical audit. At the time of our inspection, the service had started joint governance meetings with other organisations such as the hospital and had agreed the terms of reference for these. They also attended bi-monthly joint improvement meetings held with the hospital and chaired by the CCG.
- Staff were clear on their roles and accountabilities including in respect of safeguarding, patient chaperoning and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The service used recognised risk assessment tools to quantify patient demand and assess staff capacity daily in order to meet the needs of the service. Risks to service delivery were comprehensively assessed in all areas of the service.

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There were fortnightly meetings to discuss operational risks at the service head office so that, if necessary, risks could be escalated and action taken. Risks were also reported to the CCG.

- The provider had processes to manage current and future performance.
- Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had a good understanding of service performance against key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The service had an audit programme which it was following.
- The provider had plans in place and had trained staff for major incidents. Plans had been tested in a real-life situation.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. The organisation was a not-for-profit service that re-invested all profits back into the service.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care. We saw that the service intranet was clearly and logically constructed and comprehensive information was easily available to all staff.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There were regular staff surveys and the provider used the Friends and Family feedback forms to produce reports for the service and acted on the results. They also encouraged patient feedback by displaying a poster in the waiting area. There were regular meetings with other providers and stakeholders to obtain feedback on services.
- Staff were able to describe to us the systems in place to give feedback. They told us that any feedback that was expressed to managers was considered at management meetings. There was a "you said, we did" section in the service newsletter every month. This gave examples such as extending the appointment time at the out-of-hours service to 15 minutes and including a torch in the bags that the drivers took with them in the cars. We saw evidence of the most recent staff survey and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service. The organisation held regular governance and quality improvement meetings and the performance of the service was analysed on a daily basis.
- Staff knew about improvement methods and had the skills to use them. They produced a quarterly quality assurance report that was based on the care quality commission (CQC) five key questions to assess progress. This therefore covered all aspects of service delivery.

Are services well-led?

Outstanding ☆

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- The service made use of internal and external reviews of incidents, safeguarding concerns and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The provider was proactive in using technology to support the service delivery. It made use of nationally recognised IT systems and was engaged in enabling better access to local paediatric liaison and in utilising data sharing agreements with local GP practices. It had adopted an online training software system to enable better access to training for staff.
- The organisation structured its workforce on patient needs. It found proactive ways to support this need by recruiting staff with different skills and developing existing staff. The service was planning further recruitment and was going to run a recruitment open day on 28 November 2017.
- There was a focus on continuous learning and improvement at all levels within the service. The organisation was forward thinking and had initiated schemes to improve outcomes for patients in the area. It was working with the hospital emergency department to agree pathways of care for different patient presenting conditions. The CCG had recognised and supported this initiative.
- The service was innovative in offering a fully integrated service including all aspects of urgent primary care provided 24 hours a day, seven days a week. The service integrated out-of-hours care, an urgent care centre, a pathway alternative to transfer service and a deep vein thrombosis pathway service.