GTD Healthcare Head Office

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the GTD Healthcare Head Office (an out of hours provider) on 06/02/2017 and 07/02/2017. Overall the service is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for recording, reporting and learning from significant events.
- Most risks to patients were assessed and well managed.
- Patients' care needs were assessed and delivered in a timely way according to need. The service met the National Quality Requirements.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was a system in place that enabled staff access to patient records, and the out-of-hours staff provided other services, for example the patient's own GP and hospital, with information following contact with patients as was appropriate.
- The service managed patients' care and treatment in a timely way.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service worked proactively with other organisations and providers to develop services that supported alternatives to hospital admission where appropriate and improved the patient experience.
- The service had good facilities and was well equipped to treat patients and meet their needs. The vehicles used for home visits were clean and well equipped.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure all required clinical staff participate in two cycle clinical audits and are made aware of any improvements identified.
- Ensure policies are accessible to all staff at all times.

The areas where the provider should make improvement are:

- Review how information is cascaded about lead roles for example the infection control lead.
- Review training records on safeguarding children.

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

The service is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There was an effective system in place for recording, reporting and learning from significant events
- Lessons were shared to make sure action was taken to improve safety in the service.
- When things went wrong patients were informed in keeping with the Duty of Candour. They were given an explanation based on facts, an apology if appropriate and, wherever possible, a summary of learning from the event in the preferred method of communication by the patient. They were told about any actions to improve processes to prevent the same thing happening again.
- The out-of-hours service had clearly defined and embedded system and processes in place to keep patients safe and safeguarded from abuse. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out-of-hours.
- When patients could not be contacted at the time of their home visit or if they did not attend for their appointment, there were processes in place to follow up patients who were potentially vulnerable.
- There were systems in place to support staff undertaking home visits.

Are services effective?

Good

The service is rated as good for providing effective services.

- 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.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Clinicians provided urgent care to patients based on current evidence based guidance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The service is rated as good for providing caring services.

- Feedback from the large majority of patients through our comment cards and collected by the provider was very positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were kept informed with regard to their care and treatment throughout their visit to the out-of-hours service.

Are services responsive to people's needs?

Good

The service is rated as good for providing responsive services.

- Service staff reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The service is rated as requires improvement for being well-led.

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There had been a number of clinical audits completed in the last two years. The provider gave us evidence of some two-cycle audits being completed and evidence of these being

Summary of findings

communicated in the organisation. However, we spoke with two GPs who were not aware of any two cycle audits being undertaken and could not articulate any improvements identified.

- Service specific policies were implemented and were available to all staff via the online portal. However, we found that during the evening shifts, not all staff could access these.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. The organisation had lead roles for areas such as infection control, however, not all staff were aware of who this was.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- We reviewed nine files for clinical staff and found no records for safeguarding training having been undertaken for two GPs and one nurse.
- The service proactively sought feedback from staff and patients, which it acted on.

Summary of findings

What people who use the service say

We looked at various sources of feedback received from patients about the out-of-hours service they received. Patient feedback was obtained by the provider on an on-going basis and included in their contract monitoring reports.

The provider had completed site specific patient experience surveys between July 2016 and September 2016. The provider sent out 1045 (8.5% of the patient interactions) patient satisfaction surveys and received 88 (8%) completed patient surveys. The Out of Hours Service was performing well and patients were satisfied with the service, for example:

- Of the 88 completed surveys, 60% (53) were given an appointment at the treatment centre, 25% (22) were given telephone advice and 15% (13) received a home visit.
- 88% of respondents were happy with the time they waited for a call back, 6% were unhappy with how long they waited for a call back.
- 93% felt that the clinician they spoke to on the telephone was polite and courteous, and felt that the clinician had listened to them. .
- 95% of these respondents who attended a treatment centre stated that the environment was clean and tidy,
- 87% of the respondents stated that they were happy with the distance they had to travel to the treatment centre.
- 90% of the respondents were happy with the advice and treatment they were given by the clinician they saw face to face.
- 28 respondents stated there was a delay, and 10 of them state that they were not kept informed of the delays, of these respondents were unhappy with the time they waited at the treatment centre.
- 77% of respondents receiving a home visit where happy with the time it took, for a GP to arrive, 14% were partly satisfied and 9% were not satisfied with how long it took the GP to arrive.
- 100 % of respondents who received a home visit felt the visiting doctor was polite and courteous.
- 95% of respondents felt they were treated with Dignity and Respect from GTD staff.
- 94% of respondents were happy with the overall care they received.

The Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give your views after receiving care or treatment from a service provider. Patients are asked to answer the question: "How likely are you to recommend our service to friends and family if they needed similar care or treatment?" and can rank the answer from "extremely likely" to "extremely unlikely". Data showed in quarter one (April 2016 to June 2016) there were 1637 completed satisfaction cards of which showed 997 patients were “extremely likely” to recommend the service and 508 were “likely”. There were 31 patients who stated they were either “Unlikely” or “Extremely Unlikely”. In quarter two (July 2016 to September 2016) there were 1666 completed satisfaction cards of which showed 1090 patients were “extremely likely” to recommend the service and 448 were “likely”. There were 30 patients who stated they were either “Unlikely” or “Extremely Unlikely”.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 70 comment cards across six sites which included GTD services based at Ashton Primary Care Centre, Royal Oldham Hospital, North Manchester General Hospital, Manchester Royal Infirmary, Wythenshawe Hospital and from Southport District General Hospital. The majority (67) were positive about the standard of care received. Comments included praise for the understanding and the professionalism of the GPs and nursing staff as well as a helpful and polite service from the receptionists. Patients were satisfied with the availability and timeliness of the appointments and complimented the service from the booking in process through to the information they received after the consultation. Negative comments were based around the lack of communication the patients received from staff at North Manchester General Hospital and lack of advice being received from the GP at Wythenshawe Hospital.

Summary of findings

We spoke with six people (including patients and carers) during the inspection. All the people said they were satisfied with the care they had received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure all required clinical staff participate in two cycle clinical audits and are made aware of any improvements identified.
- Ensure policies are accessible to all staff at all times.

Action the service SHOULD take to improve

- Review how information is cascaded about lead roles for example the infection control lead.
- Review training records on safeguarding children.

GTD Healthcare Head Office

Detailed findings

Our inspection team

Our inspection team was led by:

was led by a CQC Lead Inspector and included a GP specialist adviser as well as a second CQC inspector.

Background to GTD Healthcare Head Office

GTD Healthcare is a not for profit provider of primary care, urgent care and out-of-hours dental services across North West England. The GTD Healthcare Head Office is at 2 The Forum, Tameside Business Park, Windmill Lane, Denton, M34 3QS. At the time of the inspection there were eight satellite centres where services are provided from which include:

- Ashton–Under–Lyne based at Ashton Primary Care Centre, Old Street, Ashton Under Lyne, OL6 7SF. This site is open from Monday to Friday from 6pm to 11pm, Saturdays from 8am to midnight and Sundays and Bank Holidays from 9am to midnight.
- Oldham based at Royal Oldham Hospital, (Entrance A Fracture Clinic), Rochdale Road, OL1 2JH. This site is open from Monday to Friday from 6pm to 8am and 24 hours on Saturdays, Sundays and Bank Holidays.
- North Manchester based at North Manchester General Hospital, (Outpatient Department), Delaunays Road, Crumpsall, Manchester, M8 5RB. This site is open from Monday to Friday from 7pm to 10pm and from 9am to 10pm at the weekends.
- Central Manchester based at Manchester Royal Infirmary, (T&O Fracture Clinic), Oxford Street, Manchester, M13 9WL. This site is open from Monday to Friday from 7pm to 8am and 24 hours on Saturdays, Sundays and Bank Holidays.
- South Manchester based at Wythenshawe Hospital, (Near A&E), Southmoor Road, Manchester, M23 9LT. This site is open from Monday to Friday from 7pm to 8am and 24 hours on Saturdays, Sundays and Bank Holidays.
- Southport based at Southport District General Hospital, (Separate building 10m past A&E on right), Town Lane, Kew, Southport, PR8 6PN. This site is open from Monday to Friday from 6:30pm to 11pm and from 8am to 11pm at the weekends.
- Litherland based at Litherland Health Centre, Hatton Hill Road, Litherland, Liverpool, L21 9JN. This site is open from Monday to Friday from 6:30pm to 11pm and from 8am to 11pm at the weekends.
- Formby based at Formby Clinic, Philips Lane, Formby, L37 4AY. This site is open in the weekdays from 6:30pm to 8am and closed at the weekends.

For the purposes of this inspection we inspected the head office and the services based at Ashton Primary Care Centre, Manchester Royal Infirmary, Litherland Health Centre and Southport District General Hospital.

The service is contracted by four local clinical commissioning groups (CCGs) to provide OOH primary medical services to registered patients and those requiring immediately necessary treatment when GP practices are closed which includes overnight, during weekends, bank holidays and when GP practices are closed for training. These include, Southport & Formby and South Sefton CCG's, the Manchester CCG's, Tameside & Glossop CCG and Oldham CCG. The service employs a range of permanent

and bank staff. Roles include advanced nurse practitioners, nurse prescribers, nurses, reception staff, care co-ordinators, drivers, health care assistants and managers. The service also employs locum and sessional GPs.

Patients accessed the service via NHS 111. The service did not see 'walk in' patients. Those that came in were told to ring NHS 111, unless they needed urgent care in which case they would be stabilised before being referred to the most appropriate service such as the accident and emergency department.

Patients may be seen by a clinician, receive a telephone consultation or a home visit, depending on their needs.

Why we carried out this inspection

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 06/02/2017 and 07/02/2017. During our visit we:

- Spoke with other organisations such as commissioners to share what they knew about the performance and patient satisfaction of the out-of-hours service.
- Spoke with a range of staff employed including receptionists, drivers, clinical staff, managers and board members. We spoke with sessional GPs and clinical staff.
- Observed how patients were provided with care and talked with family members.
- Inspected the out of hours premises, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.
- Looked at the vehicles used to take clinicians to consultations in patients' homes, and we reviewed the arrangements for the safe storage and management of medicines and emergency medical equipment.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the service manager of any incidents.

- The incident recording form supported the recording of notifiable incidents under 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).We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, an explanation based on facts, an apology where appropriate and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the service.
- The service had recorded nine significant events in the previous 12 months and carried out a thorough analysis of the significant events and ensured that learning from them was disseminated to all staff, including those working locum or bank shifts, and embedded in policy and processes. We saw a GTD staff bulletin from October 2016 which outlined a significant event whereby the telephone lines had stopped working. The bulletin outlined the event and the actions put in place to stop this from reoccurring.

Overview of safety systems and processes

The service had systems, processes and services in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. We reviewed nine files for clinical staff and found no records for safeguarding training having been undertaken for two GPs and one nurse.
- There had been 170 safeguarding concerns over the previous 12 months of which 73 had resulted in a referral to social services.
- A summary of the chaperone policy was displayed in the waiting room and treatment rooms advising patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The service maintained appropriate standards of cleanliness and hygiene. We observed all the premises we inspected to be clean and tidy. There was an infection control lead, however not all staff were aware of who this was. There was an infection prevention and control protocol in place and staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We saw evidence there was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance.
- The service employed a range of permanent and bank staff. Roles included advanced nurse practitioners, nurse prescribers, nurses, reception staff, care co-ordinators, drivers, health care assistants and managers. The service also employed locum and sessional GPs.
- We reviewed 14 staff personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, appropriate indemnity and the appropriate checks through the Disclosure and Barring Service.
- We reviewed GP files for locum, sessional and employed GP staff. These included details of inclusion on the performers list, General Medical Council membership information and indemnity arrangements. Copies of DBS checks were also kept from their current or previous employers.

Medicines Management

Good

Are services safe?

- The arrangements for managing medicines at the service, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, security and disposal).
- The service carried out regular medicines audits to ensure prescribing was in accordance with best practice guidelines for safe prescribing.
- Blank prescription forms were securely stored and there were systems in place to monitor their use. Prescription pads were securely stored and there were systems to track their use as per the NHS Protect Security of prescription guidance 2013.
- The service held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) at their Head Office and at treatment centre locations.
- Arrangements were in place to ensure emergency medicines, routine medicines and medical gas cylinders carried in the out of hours vehicles were stored appropriately.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in areas accessible to all staff that identified local health and safety representatives. The service had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The service had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- There were systems in place to ensure the safety of the out of hours vehicles. Checks were undertaken at the beginning and end of each shift by the nominated driver. These checks included checking the cars were mechanically safe and ensuring there was no damage. Staff checked and recorded the mileage, cleanliness and fuel level as well as emergency stocks such as torches and first aid boxes. Records were kept of Ministry of Transport annual testing (MOT) and servicing requirements. The provider had an additional vehicle ready for use in the event of another being out of service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty which took into account experienced and non-experienced staff. The inspection team saw evidence that the rota system was effective in ensuring that there were enough staff on duty to meet expected demand.
- The provider had recently reviewed staffing levels during periods of high patient demand as part of the business continuity plan to ensure they met patient need. This was monitored on an ongoing basis and staff skill mix and levels adjusted accordingly.

Arrangements to deal with emergencies and major incidents

The service had adequate arrangements in place to respond to emergencies and major incidents.

- There was an effective system to alert staff to any emergency.
- All staff received annual basic life support training, including use of an automated external defibrillator.
- The service had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had a business continuity plan in place for major incidents such as power failure or building damage. Due to the number of locations, this plan was made up of a number of documents to ensure all the eventualities were covered across all sites.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and other information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

From 1 January 2005, all providers of out-of-hours services have been 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 the clinical commissioning group on their performance against standards which includes 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 reviewed NQR standards data between December 2015 and November 2016 and found the following:

Note: The service is contracted by four main the local clinical commissioning groups (CCGs) which include, Southport & Formby and South Sefton CCG's, the Manchester CCG's, Tameside & Glossop CCG and Oldham CCG.

- NQR12 – Face-to-face consultations (whether in a centre or in the person's place of residence) must be started within 1 hour for an emergency, consulted or visited within 2 hours if urgent and consulted or visited within 6 hours if less urgent. Data showed that:

- For patients who were assessed as being emergencies after a call to NHS 111, the percentage who received a face to face consultation within one hour was:
  - 100% across all four CCG areas
- For patients who were assessed as urgent after a call to NHS 111, the percentage who received a face to face consultation within two hours ranged between:
  - 82% to 99% across the four CCG areas
- For patients who were assessed as less urgent after a call to NHS 111, the percentage who received a face to face consultation within six hours ranged between:
  - 98% to 100% across all four CCG areas.

Where the service was not performing to the required standard in any given CCG, the provider had assurance process in place to audit why the low performance had occurred. For example the report compiled for Southport & Formby and South Sefton CCG stated that the NQR12 routine visits performance for the combined CCG contract was only partially compliant in the month of October 2016. The cases that fell over the 180 minutes banding were identified and reasons were given such as being a paramedic referral, a call from district nurse where the patient was offered a hospital referral but refused.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits completed in the last two years. The provider gave us evidence of some two-cycle audits being completed and evidence of these being communicated in the organisation.
- The service participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the service to improve services.
- The service conducted audits of clinical activity and quality benchmarking for all the clinical staff.

Effective staffing

We found that permanent staff and bank staff had the skills, knowledge and experience to deliver effective care and treatment. All staff had completed a knowledge skills assessment for their role to identify areas of development.

- The service had an induction programme for all newly appointed staff employed by the service. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff who were not directly employed by the service and who worked as locum or bank staff received local inductions in the areas they were employed in.
- New staff were also supported to work alongside other staff and they were offered support during their induction period and regular meetings with their manager took place.
- The learning needs of permanent staff were identified through a system of appraisals, meetings and reviews of service development needs. Staff had access to

Good

Are services effective?

(for example, treatment is effective)

appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and clinical supervision. Most staff had received an appraisal within the last 12 months; others had them scheduled as they had not yet worked for the service for a year.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff not directly employed by the service had their qualifications checked on a regular basis and were offered access to training if required.
- Staff involved in handling medicines received training appropriate to their role.

Coordinating patient care and information sharing

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

- This included access to required special notes and summary care record which detailed information provided by the patient's own GP. This helped the staff in understanding the patient's needs. Staff we spoke with found the systems for recording information easy to use and had received appropriate training. Clinical staff undertaking home visits also had access to mobile information technology equipment so relevant information could be shared with them whilst working remotely. Staff told us they felt that the equipment they used was effective.
- The service shared relevant information with other services in a timely way, for example when referring patients to other services.
- Patients who could be more appropriately seen by their own registered GP or an emergency department were referred on. If patients needed specialist care, the out-of-hours service, could refer to specialties within the hospital. Staff also described a positive relationship with the mental health and district nursing team if they needed support during the out-of-hours period.

The service worked with other service providers to meet patients' needs and manage patients with complex needs. It sent out-of-hours notes to the registered GP services electronically by 8am the next morning in line with the performance monitoring tool, National Quality Requirements (NQR) for GP out-of-hours Services. Staff told us systems ensured this was done automatically and any failed transfers of information were the responsibility of the duty manager to follow up to ensure GPs received information about their patients.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear clinical staff assessed the patient's capacity and, recorded the outcome of the assessment.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 70 comment cards across six sites which included Ashton Primary Care Centre, Royal Oldham Hospital, North Manchester General Hospital, Manchester Royal Infirmary, Wythenshawe Hospital and from Southport District General Hospital. The majority (67) were positive about the standard of care received. Comments included praise for the understanding and the professionalism of the GPs and nursing staff as well as a helpful and polite service from the receptionists. Patients were satisfied with the availability and timeliness of the appointments and complimented the service from the booking in process through to the information they received after the consultation. Negative comments were based around the lack of communication the patients received from staff at North Manchester General Hospital and lack of advice being received from the GP at Wythenshawe Hospital.

We spoke with six people (including patients and carers) during the inspection. All the people said they were satisfied with the care they had received and thought staff were approachable, committed and caring.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give your views after receiving care or treatment from a service provider. Patients are asked to answer the question: "How likely are you to recommend our service to friends and family if they needed similar care or treatment?" and can rank the answer from "extremely likely" to "extremely unlikely". Data showed in quarter one (April 2016 to June 2016) there were 1637 completed satisfaction cards of which showed 997 patients were "extremely likely" to recommend the service and 508 were "likely". There were 31 patients who stated they were either "Unlikely" or "Extremely Unlikely". In quarter two (July 2016 to September 2016) there were 1666 completed satisfaction cards of which showed 1090 patients were "extremely likely" to recommend the service and 448 were "likely". There were 30 patients who stated they were either "Unlikely" or "Extremely Unlikely".

In addition to the FFT, in quarter two, the provider sent out 1045 (8.5% of the patient interactions) patient satisfaction surveys and received 88 (8%) completed patient surveys. The results of these surveys, are summarised below:

- 93% felt that the clinician they spoke to on the telephone was polite and courteous, and felt that the clinician had listened to them. .
- 95% of these respondents who attended a treatment centre stated that the environment was clean and tidy,
- 90% of the respondents were happy with the advice and treatment they were given by the clinician they saw face to face.
- 100 % of respondents who received a home visit felt the visiting doctor was polite and courteous.
- 95% of respondents felt they were treated with Dignity and Respect from GTD staff.
- 94% of respondents were happy with the overall care they received.

Respondents to the patient surveys are asked what they felt GTD did well and what they felt GTD could do better. The overall feedback from the patients was positive, however, feedback showed patients still saw waiting times as an issue and were not always being kept informed about the delays. The provider were exploring other ways of being able to explain to patients that in urgent care services appointment times are approximate as patients with more urgent clinical needs will be prioritised.

Care planning and involvement in decisions about care and treatment

Good

Are services caring?

Patients told us they felt involved in decision making about the care and treatment they received. They also told us 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. Patient feedback from the comment cards we received was also positive and aligned with these views.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Facilities for people with hearing impairment e.g. hearing aid loop.
- A system of 'comfort calling' patients was in place to ensure patient welfare if the GP was going to be delayed for a home visit.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified. The provider engaged with the NHS England Area Team and the local Clinical Commissioning Groups (CCG) to provide services that met the identified needs of the local population.

- Patients were provided with booked appointments following telephone triage and advice as appropriate.
- Home visits were available for patients whose clinical needs resulted in difficulty attending the service.
- The provider supported other services at times of increased pressure to ensure that patients were cared for in their own home as appropriate for example, providing end of life care and supporting those in mental health crises.
- There were accessible facilities, a hearing loop and interpretation services available.

Access to the service

The GTD out-of-hours service utilised a multidisciplinary team of staff including GPs, nurse practitioners, advanced nurse practitioners and nurses. The service provided **cover in the following areas:**

- Ashton–Under–Lyne based at Ashton Primary Care Centre, Old Street, Ashton Under Lyne, OL6 7SF. This site was open from Monday to Friday from 6pm to 11pm, Saturdays from 8am to midnight and Sundays and Bank Holidays from 9am to midnight.
- Oldham based at Royal Oldham Hospital, (Entrance A Fracture Clinic), Rochdale Road, OL1 2JH. This site was open from Monday to Friday from 6pm to 8am and 24 hours on Saturdays, Sundays and Bank Holidays.
- North Manchester based at North Manchester General Hospital, (Outpatient Department), Delaunays Road, Crumpsall, Manchester, M8 5RB. This site was open from Monday to Friday from 7pm to 10pm and from 9am to 10pm at the weekends.
- Central Manchester based at Manchester Royal Infirmary, (T&O Fracture Clinic), Oxford Street, Manchester, M13 9WL. This site was open from Monday to Friday from 7pm to 8am and 24 hours on Saturdays, Sundays and Bank Holidays.
- South Manchester based at Wythenshawe Hospital, (Near A&E), Southmoor Road, Manchester, M23 9LT. This site was open from Monday to Friday from 7pm to 8am and 24 hours on Saturdays, Sundays and Bank Holidays.
- Southport based at Southport District General Hospital, (Separate building 10m past A&E on right), Town Lane, Kew, Southport, PR8 6PN. This site was open from Monday to Friday from 6:30pm to 11pm and from 8am to 11pm at the weekends.
- Litherland based at Litherland Health Centre, Hatton Hill Road, Litherland, Liverpool, L21 9JN. This site was open from Monday to Friday from 6:30pm to 11pm and from 8am to 11pm at the weekends.
- Formby based at Formby Clinic, Philips Lane, Formby, L37 4AY. This site was open in the weekdays from 6:30pm to 8am and closed at the weekends.

Patients could access the service via NHS 111. The service did not see 'walk in' patients. Those that came in were told to ring NHS 111, unless they needed urgent care in which case they would be stabilised before being referred to the most appropriate service such as the accident and emergency department. There were arrangements in place for people at the end of their life so they could contact the service directly.

Feedback received from patients from the CQC comment cards and from the National Quality Requirements scores indicated that in most cases patients were seen in a timely way.

The provider had completed site specific patient experience surveys between July 2016 and September 2016. The provider sent out 1045 (8.5% of the patient interactions) patient satisfaction surveys and received 88 (8%) completed patient surveys. The Out of Hours Service was performing well and patients were satisfied with the service, for example:

- Of the 88 completed surveys, 60% (53) were given an appointment at the treatment centre, 25% (22) were given telephone advice and 15% (13) received a home visit.
- 88% of respondents were happy with the time they waited for a call back, 6% were unhappy with how long they waited for a call back.
- 87% of the respondents stated that they were happy with the distance they had to travel to the treatment centre.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 90% of the respondents were happy with the advice and treatment they were given by the clinician they saw face to face.
- 28 respondents stated there was a delay, and 10 of them state that they were not kept informed of the delays, of these respondents were unhappy with the time they waited at the treatment centre.
- 77% of respondents receiving a home visit where happy with the time it took, for a GP to arrive, 14% were partly satisfied and 9% were not satisfied with how long it took the GP to arrive.

The service had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. This was based on a telephone triage with the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with the NHS England guidance and their contractual obligations for GPs in England and the NQR standard.
- There was a designated responsible person who co-ordinated the handling of all complaints in the service.
- We saw that information was available to help patients understand the complaints system. During the inspection we saw a specific complaints information form on display in the centre. Staff we spoke with were fully aware of the complaints process and how to explain this to patients. Information about how to make a complaint was detailed in full on the services website.

The provider had received 86 complaints in the previous 12 months over the eight CCGs it served. Forty-Three of these were not upheld (50%) and 12 were partially upheld (14%) at the time of inspection. We looked in detail at four complaints received in the last 12 months and found they were all handled appropriately, in line with the service complaints procedure and complaints analysed to detect any themes. We noted that the responses offered an apology where appropriate, were empathetic to the patients and explanations were clear.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

At GTD healthcare the main philosophy was that the not for profit social enterprise ethos was coupled with a drive to innovate care offered patients the best experience possible, and commissioners a unique opportunity to transform local services.

The service had a clear vision "To inspire trust and confidence by making a positive difference, every time".

- The provider, along with their staff, had developed a set of organisational values.
- The service had a strategy and supporting business plans that reflected the vision and values and both were regularly monitored.
- GTD had organised and held a "Fast-strategy" day in October 2016 to discuss the strategy and future.

Governance arrangements

The service had an overarching governance framework that supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. The organisation had lead roles for areas such as infection control, however, not all staff were aware of who this was.
- Service specific policies were implemented and were available to all staff via the online portal. However, we found that during the evening shifts, not all staff could access these.
- There had been a number of clinical audits completed in the last two years. The provider gave us evidence of some two-cycle audits being completed and evidence of these being communicated in the organisation. However, we spoke with two GPs who were not aware of any two cycle audits being undertaken and could not articulate any improvements identified.
- The provider had a good understanding of their performance against National Quality Requirements. These were discussed at senior management and board level. Performance was shared with staff and the local clinical commissioning group as part of contract monitoring arrangements.
- Arrangements were in place for identifying, recording and managing risks, issues and implementing mitigating actions.
- We reviewed nine files for clinical staff and found no records for safeguarding training having been undertaken for two GPs and one nurse.

Leadership and culture

The senior management team told us they prioritised safe, high quality and compassionate care. Staff told us the senior management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

This included support training for all staff on communicating with patients about notifiable safety incidents. The service encouraged a culture of openness and honesty. The service had systems in place to ensure that when things went wrong with care and treatment:

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

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

- There were arrangements in place to ensure the staff were kept informed and up-to-date.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the providers. Staff had the opportunity to contribute to the development of the service.

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

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

Are services well-led?

Requires improvement

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

- The service had gathered feedback from patients through surveys, complaints and incidents.
- The provider had gathered feedback from staff through staff meetings, staff surveys, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the service was run.
- The service had a whistleblowing policy which included external contacts details and how to access independent advice. Whistleblowing is the act of reporting concerns about malpractice, wrong doing or fraud. Within the health and social care sector, these issues have the potential to undermine public confidence in these vital services and threaten patient safety.
- Staff told us that patient engagement was difficult as the service provided single episodes of care.

Continuous improvement

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

- GTD had a “Healthcare Professional Line” whereby care homes across Oldham who had urgent care concerns about residents could contact the healthcare professional line directly which meant that the residents experienced more rapid assessments.
- An “Innovation Fund” was in place which aimed to improve working practices and benefit patients. GTD had set aside £25,000 for staff from across the organisation to bid for funding for their chosen projects.
- The organisation was looking into 24hour care over seven days and using new innovative ideas and technology and enhancing the workforce skill mix.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found staff were not always aware of the availability of information, such as names of lead roles and some policies and procedures. Some clinical staff were not aware of the quality monitoring processes in place and could not articulate any improvements identified. Staff couldn't always access required information such as policies and procedures. This was in breach of Regulation 17.