

GO To DOC 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.

Summary of findings

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Summary of findings

Overall summary

Go To Doc (GTD) provides out-of-hours General Practitioner (GP) services for more than one million patients living in Oldham, Tameside, Glossop, Manchester, Southport, Formby and South Sefton.

We carried out the inspection as part of our new inspection programme to test our approach going forward. It took place over two days with a team that included a Lead CQC inspector, a CQC Inspector a GP, a practice manager, a nurse and an expert-by-experience.

We found the service was effective in meeting patient needs and had taken positive steps to ensure people who may have difficulty in accessing services were enabled to do so. There was an effective system to ensure that patient information was promptly shared with the patient's own GP to ensure continuity of care.

The provider regularly met with local clinical commissioning groups (CCGs) to discuss capacity issues and possible service improvements.

Patients told us that they were happy with the care and treatment they received and felt safe. Patients and carers we spoke with said staff displayed a kind and caring attitude and we observed patients being treated with respect and kindness whilst their dignity and confidentiality was maintained.

There were systems in place to help ensure patient safety through the safe management of medicines. However the policy was out of date and the auditing and monitoring of these systems was inconsistent.

We saw that GTD had attended community events to communicate with minority groups such as Eastern European and Somalian groups. They had also worked with faith groups and held workshops to raise awareness of the service.

The provider had taken steps to ensure that all staff underwent recruitment and induction processes to help ensure their suitability to care for patients. However induction processes were not always appropriately completed and documented for all staff.

Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met in a timely manner. The provider routinely investigated any breaches of the national quality requirements for out-of-hours services.

There was a strong and stable management structure, although the provider needed to increase the visibility of the leadership and senior management structure to engage with and reinforce the organisational values and strategy with all staff.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The provider had taken steps to ensure that all staff underwent recruitment and induction processes to help ensure their suitability to care for patients. However induction processes were not always appropriately documented or completed for all staff.

There were clear procedures and policies that staff were aware of to enable them to recognise and act upon any complaints, serious events or incidents, however learning was not always shared with all staff.

The provider varied the number of doctors on call and other staff to meet increased demand.

We found that the systems in place to help protect people from risks associated with the management of medicines were unsafe. Staff had not recorded the temperature of a fridge designated for the storage of temperature-sensitive medicines and this fridge contained a build up of ice and mould. This could mean that medicines given to patients were ineffective. We found that three of the prescription medicine boxes we checked contained at least one out of date medicine or there were discrepancies in the actual content and the listed content.

Vehicles used to take clinicians to patients' homes for consultation were well maintained, cleaned and contained appropriate emergency medical equipment. Emergency equipment held at the treatment centres was well maintained and serviced.

Are services effective?

We found that the service was providing effective care to a wide range of patient groups with differing levels of need.

Clinicians were able to prioritise patients and make the best use of resources.

Clinicians had been subject to continuing clinical audit and supervision to ensure their effectiveness in delivering good quality care and treatment.

There was an effective electronic system in place to ensure information about patients registered with a practice covered by GTD service was shared with their own GP at the earliest opportunity.

There was good collaborative working between the provider and other healthcare and social care agencies to help ensure patients received the best outcomes in the shortest possible time.

The provider routinely investigated any breaches of the national quality requirements for out-of hours-services.

Are services caring?

Patients, their relatives and carers were all positive about their experience and said they found the staff friendly, caring and responsive to their needs. We observed examples of good interaction between patients and staff and noted that staff treated patients with respect and kindness and protected their dignity and confidentiality.

We saw that staff obtained patient's consent and explained their treatment in a manner that reflected the patient's level of understanding.

There was a good process in place to ensure patients whose first language was not English were able to access the service using interpreter services. The provider was taking positive steps to promote this service and engage with hard to reach groups of patients.

Summary of findings

Are services responsive to people's needs?

We found that the provider had an effective system to ensure that, where needed, clinicians could provide a consultation in patients' homes.

The provider had responded to the needs of people from a wide geographical area and provided a choice of treatment centres for patients to maximise accessibility.

There was a transparent complaints system and we saw that any learning from those complaints was shared with staff involved in the complaint. We noted that the procedures for making a complaint were not clearly displayed at the two treatment centres and one of the patients we spoke with said they would not know how to raise a complaint other than by looking on the GTD website.

There was good collaborative working between the provider and other healthcare and social care agencies to help ensure patients received the best outcomes in the shortest possible time.

The provider engaged with local healthwatch and voluntary providers to obtain public feedback and share service information.

Are services well-led?

There was a strong and stable management structure. The provider needed to increase the visibility of the leadership and senior management structure to engage with and reinforce the organisational values and strategy with all staff. Some members of the senior management team were not known by the operational staff we spoke with.

There was a clear organisational structure. Staff we spoke with were clear about their role and responsibilities. The leadership within the organisation held itself and others to account for the delivery of an effective service.

The Chief Executive Officer, the nominated individual, registered manager and other senior staff were knowledgeable and experienced in the delivery of primary care services. The Board were very experienced and had diverse professional backgrounds and knowledge.

The provider supported both clinical and non-clinical staff by providing a range of training opportunities all aimed at delivering high quality, safe care and treatment to patients.

We found that some induction records for staff had not been completed. We saw that policies had not been updated on the organisations intranet system.

We saw that staff underwent an annual appraisal and reflective supervision to enable them, amongst other things, to reflect upon their own performance with the aim of learning and improving the service.

We found that although GTD had a wide range of quality assurance processes in place to monitor and assess the quality of service provision, some of these audits had failed to address operational issues at the point of delivery.

Summary of findings

What people who use the out-of-hours service say

Patients who used the service, their relatives and carers told us that it met their healthcare needs and that both clinical and non-clinical staff treated them with respect, discussed their treatment choices and helped them to maintain their privacy and dignity.

They said they had not experienced any difficulty accessing the service.

The patients and carers we spoke with during our inspection made positive comments about the quality of the service and the waiting times it had taken to see a clinician.

We received two comments cards on which patients had recorded their views on the service. They were both positive and emphasised the caring and respectful attitudes of staff and excellent standards of care.

Areas for improvement

Action the out-of-hours service **MUST** take to improve

- The provider must take action to improve the monitoring and auditing of its checks on the medicines fridge, the boxes used for FP10608 medicines (medicines which need to be commenced immediately and are dispensed by the doctor) and oxygen cylinders.
- The provider must improve documentation and audit of induction and safeguarding training programmes for clinicians.

- The provider must ensure that all policies are appropriately reviewed, updated and implemented.

Action the out-of-hours service **COULD** take to improve

- Develop a staff engagement programme and multidisciplinary meeting programme to improve the visibility of senior management and leadership and embed learning from incidents and complaints.
- Include an accountability table to support the management of the risk register.

Good practice

Our inspection team highlighted the following areas of good practice:

There were good systems in place to ensure that the records were sent to the patient's own GP by the time the surgery opened the next day. For those patients who were not registered with a GP practice in the area covered by Go To Doc (GTD), there was a process in place to ensure that the information was passed to their GP in a timely manner.

We saw that GTD had attended community events to communicate with minority groups such as Eastern European and Somalian groups. They had also worked with faith groups and held workshops to raise awareness of the service.

GO To DOC Head Office

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP. The team included an additional CQC Inspector, a GP practice manager, a nurse and an expert-by-experience who helped us to capture the experiences of patients who used the service.

Background to GO To DOC Head Office

Go To Doc (GTD) is a 'not-for-profit' organisation. It held contracts to deliver NHS out-of-hours services on behalf the Oldham, Tameside and Glossop, Manchester, Southport and Formby and South Sefton Clinical Commissioning Groups. It is registered with the Care Quality Commission to provide the regulated activities of transport services, triage and medical advice provided remotely and the treatment of disease, disorder and injury. The organisation also provides out of hours dental services and manages eight GP practices a three GP led Health Centers. These services were not included in the inspection process.

GTD provided an out-of-hours GP service for over one million people. The service's operating base was located at The Forum, Tameside Business Park. This was the headquarters of the organisation and the location for the call handling centre. Patients were offered a consultation with a clinician at eight satellite locations, Oldham Integrated Care Centre, North Manchester General Hospital, Wythenshawe Hospital, Southport and Formby District Hospital, Ashton Primary Care Center, Central Manchester Primary Care Emergency Centre, Litherland Health Centre Liverpool, and Formby Clinic.

GP's carrying out home visits in the Greater Manchester area were dispatched in cars located at the organisations headquarters. For Southport, Formby and South Sefton home visits two cars were located at Bootle ambulance station and one car at Southport and Formby District Hospital.

The out-of-hours service operated whenever GP surgeries were closed. This was weekdays between 18:30hrs and 08:00hrs, and 24 hours a day during weekends and public holidays.

Calls from patients to their GP during out-of-hours periods were directed to the out of hours telephone call handlers, who referred callers where necessary to clinical staff. In the 12 months March 2013 to March 2014 the organisation received 140,000 calls to its out of hours service.

At the time of our inspection, GTD contracted the services of approximately 150 GP's who were engaged on a sessional basis.

Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

- Is it safe?

Detailed findings

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

Before visiting, we reviewed a range of information we had received from the out-of-hours service and asked other organisations to share their information about the service.

We carried out an announced visits on 10 and 12 March 2014

During our visits we spoke with members of the staff team including the Clinical Director, GTD Chair, nominated individual, registered manager, Head of Clinical Leadership, Head of Service Delivery, nurses, general practitioners, and those staff that dealt directly with patients, either by telephone or face to face. We also visited Oldham Integrated Care Centre and Wythenshawe Hospital and spoke to the general and nurse practitioners who were working there.

On 10th March 2014 we spoke with the Chief Executive Officer, board members and administration staff.

We spoke with nine patients and carers who used the service. We observed how people were being cared for and talked with carers and family members . We reviewed two comment cards where patients and members of the public shared their views and experiences of the service.

We reviewed information that had been provided to us by the provider and other information that was available in the public domain.

We conducted a tour of two treatment centres and looked at the vehicles used to transport clinicians to consultations in patients' homes.

Are services safe?

Summary of findings

The provider had taken steps to ensure that all staff underwent recruitment and induction processes to help ensure their suitability to care for patients. However induction processes were not always appropriately documented or completed for all staff.

There were clear procedures and policies that staff were aware of to enable them to recognise and act upon any complaints, serious events or incidents, however learning was not always shared with all staff.

The provider varied the number of doctors on call and other staff to meet increased demand.

We found that the systems in place to help protect people from risks associated with the management of medicines were unsafe. Staff had not recorded the temperature of a fridge designated for the storage of temperature-sensitive medicines and this fridge contained a build up of ice and mould. This could mean that medicines given to patients were ineffective. We found that three of the prescription medicine boxes we checked contained at least one out of date medicine or there were discrepancies in the actual content and the listed content.

Vehicles used to take clinicians to patients' homes for consultation were well maintained, cleaned and contained appropriate emergency medical equipment. Emergency equipment held at the treatment centres was well maintained and serviced.

The service had a system in place to record serious untoward incidents. The doctors and staff we spoke with were familiar with the process they would need to use to report an incident. All of the incidents and complaints were investigated and action discussed and documented to prevent reoccurrence at the organisations clinical governance meetings. However staff told us that, although feedback was given to staff involved in the complaint or incident, learning was not always shared with all staff. A monthly bulletin was issued to all staff but it was unclear how learning points were always embedded in the organisation.

There was a medicines management policy in place. The policy was available to all staff on the organisations intranet. However the policy was out of date from August 2011.

We looked at how controlled drugs were stored and managed. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. The records and our observations showed that the controlled drugs were stored, recorded and checked correctly.

GTD had a designated fridge for the storage of temperature-sensitive drugs. We were not able to locate any fridge temperature monitoring policy or procedure. We saw that the fridge, which contained a stock of glucagon, had a build up of ice and some mould growth.

We checked seven of the FP 10608 prescription medicine boxes (medicines which need to be commenced immediately and are dispensed by the doctor), which were kept in a storage area, prior to being collected by doctors visiting patients at home. We found that three of the boxes we checked contained at least one out of date medicine or there were discrepancies in the actual content and the listed content. For example one box contained only one ampoule of the drug tramadol when the policy stated that at least two should be available. These issues had not been picked up during monitoring or audit processes.

Staff we spoke with demonstrated an understanding of safeguarding patients from abuse and what they should do if they suspected anyone was at risk of harm. There were policies in place for safeguarding vulnerable adults and children from abuse. These contained information to support staff in recognising and reporting safeguarding

Our findings

We spoke with nine patients and carers during the course of our inspection. None had any concerns about patient safety.

Information we received prior to the inspection visit documented that there had been three safeguarding concerns raised about the service. Two Serious Adverse Events and a number of complaints. Although they were listed and explained there was no evidence that any learning from them had been embedded or passed down to all staff to help prevent re-occurrence.

Are services safe?

concerns to the appropriate authority for investigation. Staff told us that they were aware of these policies. We looked at the policy on the service intranet and saw that it had not been updated.

Staff had access to online training in safeguarding children and vulnerable adults, which they were required to complete. One doctor told us that all doctors had level three safeguarding training. Records showed that one doctor only had level one training. Therefore at the time of our visit the service could not confirm that all of the doctors were trained to an appropriate level for safeguarding children, young people and vulnerable adults.

We saw that the treatment centres were accessible to people with restricted mobility such as wheelchair users. We observed that all areas of the treatment centres were clean and well maintained. The patient waiting areas at the Oldham and Wythenshawe treatment centres were well signposted clean, bright and well lit.

Hand sanitising gel was available and we saw posters displayed promoting good hand hygiene. Supplies of aprons and disposable gloves were available in wall mounted dispensers. There were appropriate procedures in place to protect patients and staff from the dangers associated with the disposal of sharps.

We looked at the vehicles used to take doctors to consultations in patients' homes and saw that they were in

good condition and well maintained. We looked at the equipment carried in the vehicles that could be used by a GP in the event of a medical emergency and found that it to be appropriate, well maintained and checked regularly. However we could not find a procedure to check and replace oxygen cylinders when they had been partially used. Managers available at the time of our visit were not able to confirm that there was a system or procedure in place

The service was mainly staffed by people employed in a secondary capacity, in addition to their primary position. The workforce worked on a shift basis and this varied for each employee. Doctors who worked for the service were independent contractors. All the doctors were local GPs who lived and worked locally. The management team had developed and maintained a staff rota system, which provided on call support.

Staffing levels at both the call centre and the treatment centres we visited were adequate for the needs of patients at the time of the inspection. We were told by clinical staff that if there were more than eight patients waiting to be seen by a doctor there was a system in place to escalate to a team leader. We spoke to the operational manager who described the system to call in additional staff, by text messaging, when there was an unexpected increased demand on the service.

Are services effective?

(for example, treatment is effective)

Summary of findings

We found that the service was providing effective care to a wide range of patient groups with differing levels of need.

Clinicians were able to prioritise patients and make the best use of resources.

Clinicians had been subject to continuing clinical audit and supervision to ensure their effectiveness in delivering good quality care and treatment.

There was an effective electronic system in place to ensure information about patients registered with a practice covered by GTD service was shared with their own GP at the earliest opportunity.

There was good collaborative working between the provider and other healthcare and social care agencies to help ensure patients received the best outcomes in the shortest possible time.

The provider routinely investigated any breaches of the national quality requirements for out-of hours-services.

Our findings

We saw that the provider had a procedure in place for recruiting staff. Thorough checks were undertaken of GP's to ensure their fitness to practice for example General Medical Council registration and inclusion on the performers list. References were sought and verified. GTD have a recruitment criteria for GP's which states that they must have worked in the geographical area for a minimum of three years. This criteria is applied to both sessional and locum GP's employed by GTD. GTD used four locum agencies and had employed over 100 locum sessions in the period 1 April 2013 to 28 February 2014. All of the locum details checked during the inspection met the GTD criteria.

We saw all GP's were required to produce indemnity insurance that included out-of-hours cover and we looked at records that showed that such indemnity insurance was in place.

There was a rigorous clinical audit and appraisal process for GP's and other clinicians aimed at identifying and addressing any clinical issues. An advanced nurse practitioner told us that GTD conducted supervision of all

nurses, aimed at supporting staff, enhancing knowledge and encouraging reflective practice and continuous improvement. Both GP's we spoke with confirmed that they received regular updates, training, newsletters and could attend clinical staff meetings. They told us that they felt supported by GTD. At both of the treatment centres we visited we saw that copies of the current adult and child British National Formulary (BNF) were available.

All staff were subject to checks to ensure their suitability to work with vulnerable people. We saw that there was an induction process that enabled staff to be assessed as competent in areas relevant to their work. We were provided with a copy of the induction program and we talked with an advanced nurse practitioner and a GP who explained how the induction process worked and how they observed staff's practice to assess their competence. However there were some discrepancies in levels of supervised sessions as part of the induction for clinical staff. We were told that all clinical staff completed three supervised sessions but one clinician told us they had only completed one. We looked at induction records on staff files and found that in a number of cases that the records had not been completed. We spoke to the Head of Governance and Clinical Leadership who told us this was an administrative error and induction had been completed but not recorded. All of the clinical staff we spoke confirmed that they had received some induction training.

There was a process in place to ensure that clinical staff continued to be registered with their appropriate professional body, either the Nursing and Midwifery Council or General Medical Council.

GTD had a clinical audit system to continually improve the service and deliver the best possible outcomes for patients. The organisation had a Clinical Governance Committee that reviewed incidents and rated them to determine the level of risk from each one. This enabled the team to determine the action required in response. The Clinical Governance Committee also carried out audits into areas such as safeguarding adults, appropriateness of home visit requests and medicine management. We judged that the clinical audit system was effective in ensuring that patients continued to receive effective, high quality care and treatment.

The service had developed working relationships with other healthcare and social care providers such as social services, district nursing out-of-hours teams, acute NHS

Are services effective?

(for example, treatment is effective)

trusts and ambulance services. Close collaboration between agencies helped to ensure that patients were given the best opportunity to experience patient centered care. At the time of our inspection GTD were operating a pilot scheme with the North West Ambulance service to reduce unplanned hospital admissions. We observed discussion between a GP and a paramedic to determine the most appropriate treatment plan for a patient with COPD exacerbation.

There are National Quality Requirements (NQR's) for out-of-hours providers that capture data and provide a measure to demonstrate that the service is safe, clinically effective and responsive. The service is required to report on these regularly to the clinical commissioning groups. We

saw evidence that GTD had been fully or partially compliant and where there had been room for improvement they had identified and implemented actions to improve performance.

Following a patient consultation all clinicians were responsible for completing patient notes. We saw that these were comprehensive and informative. There were good systems in place to ensure that the records were sent to the patient's own GP by the time the surgery opened the next day. For those patients who were not registered with a GP practice in the area covered by GTD, there was a process in place to ensure that the information was passed to their GP.

Are services caring?

Summary of findings

Patients, their relatives and carers were all positive about their experience and said they found the staff friendly, caring and responsive to their needs. We observed examples of good interaction between patients and staff and noted that staff treated patients with respect and kindness and protected their dignity and confidentiality.

We saw that staff obtained patient's consent and explained their treatment in a manner that reflected the patient's level of understanding.

There was a good process in place to ensure patients whose first language was not English were able to access the service using interpreter services. The provider was taking positive steps to promote this service and engage with hard to reach groups of patients.

Our findings

We spoke with nine people who were waiting to be seen by the clinicians or were accompanying children or relatives. We also reviewed two comment cards where patients and members of the public shared their views and experiences of the service. All comments were complimentary about the service and in particular praised the caring and friendly nature of staff. These comments included:-

"I feel safe when I'm using the service, staff are excellent and efficient", "the service is easily accessible and the staff are fine, I always feel like I am put in the picture and know what's going on", "the staff here are very good and you are seen quickly".

We observed interactions between patients and carers and GTD staff. Without exception we saw that staff acted in a kind and sympathetic manner and maintained the patient's dignity and confidentiality at all times.

We observed a nurse talking with a patient, who was waiting to be seen about what was happening. We heard how the nurse communicated with the patient to ensure they understood what was happening. Patients told us they felt that they had been involved in decisions about their own treatment and that the doctor gave them plenty of time to ask questions. They were satisfied with the level of information they had been given and said that any next steps in their treatment plan had been explained to them.

The service also had a chaperone policy in place. There was a notice in the waiting rooms of the treatment centres informing patients that they could request a chaperone if that so wished. Patients told us that they felt that staff and doctors had effectively protected their privacy and dignity. We observed that in both of the treatment centres we visited that the chaperone policy and other notices were only displayed in English. Staff we spoke to confirmed that they used 'big word' translation a text service for patients who required translation or hearing support. We looked at the figures for the uptake of this support and saw that they were very low. The services involvement lead told us and we saw that the service was monitoring this and engaging with community group to promote and improve the uptake of translation services.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

We found that the provider had an effective system to ensure that, where needed, clinicians could provide a consultation in patients' homes.

The provider had responded to the needs of people from a wide geographical area and provided a choice of treatment centres for patients to maximise accessibility.

There was a transparent complaints system and we saw that any learning from those complaints was shared with staff involved in the complaint, although we noted that the procedures for making a complaint were not clearly displayed at the two treatment centres and one of the patients we spoke with said they would not know how to raise a complaint other than by looking on the GTD website.

There was good collaborative working between the provider and other healthcare and social care agencies to help ensure patients received the best outcomes in the shortest possible time.

The provider engaged with local healthwatch and voluntary providers to obtain public feedback and share service information.

needed it, and there was guidance about using interpreter services and contact details. They said that although they asked patients who their normal GP was, they did not refuse to see anybody if they were not registered with a GP.

The service had responded to the needs of people from a wide geographical area and provided a choice of treatment centres for patients to maximise accessibility. There was a complaints system in place, although we noted that the procedures for making a complaint were not clearly displayed at Oldham and Wythenshawe treatment centres and one of the patients we spoke with said they would not know how to raise a complaint if she needed to.

Seating in the treatment centre patient waiting areas was arranged so that staff in the reception area could see patients. This helped staff to recognise if a patient who was waiting for a consultation suffered any deterioration in their condition that might require an earlier intervention from clinicians. We observed a receptionist inform the doctor that the parents of a child were becoming anxious that their child's condition was getting worse. The doctor saw the patient immediately.

We saw that GTD had attended community events to communicate with minority groups such as Eastern European and Somalian groups. They had also worked with faith groups and held workshops to raise awareness of the service.

GTD engage with local healthwatch and voluntary providers to obtain public feedback and share service information. We saw that they had contributed to the Manchester homeless strategy and used social media to promote access to the service.

We looked at the staffing levels at the primary treatment centres and found them to be sufficient to meet the needs of the patients. We looked at the numbers of patients who used the service and found that the numbers were not subject to high rates of fluctuation which made it possible for staffing levels to be accurately assessed and managed. Additional staff were available to meet increased demand.

There was a complaints system that showed that any complaints that had been received about the service had been responded to in an appropriate manner and patients were kept informed of the progress and result of any

Our findings

We found that the provider had an effective system to ensure that, where needed, clinicians could provide a consultation in patients' homes.

Directors of GTD met with representatives of the clinical commissioning groups (CCG) regularly to discuss performance and capacity. The provider had been proactive and cooperative in discussions about how to reduce the pressures on the local accident and emergency departments.

Treatment Centres were accessible to patients with mobility difficulties. The consulting rooms were large with easy access for patients with mobility difficulties. There was also a toilet for disabled patients. Staff said they had access to interpreter or translation services for patients who

Are services responsive to people's needs?

(for example, to feedback?)

subsequent investigation. There was evidence that any learning from those complaints was used to improve the service. For example we saw that 'comfort calls' had been introduced for patients waiting for a home visit from a GP.

Are services well-led?

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

Summary of findings

There was a strong and stable management structure. The provider needed to increase the visibility of the leadership and senior management structure to engage with and reinforce the organisational values and strategy with all staff. Some members of the senior management team were not known by the operational staff we spoke with.

There was a clear organisational structure. Staff we spoke with were clear about their role and responsibilities. The leadership within the organisation held itself and others to account for the delivery of an effective service.

The Chief Executive Officer, the nominated individual, registered manager and other senior staff were knowledgeable and experienced in the delivery of primary care services. The Board were very experienced and had diverse professional backgrounds and knowledge.

The provider supported both clinical and non-clinical staff by providing a range of training opportunities all aimed at delivering high quality, safe care and treatment to patients.

We found that some induction records for staff had not been completed. We saw that policies had not been updated on the organisations intranet system.

We saw that staff underwent an annual appraisal and reflective supervision to enable them, amongst other things, to reflect upon their own performance with the aim of learning and improving the service.

We found that although GTD had a wide range of quality assurance processes in place to monitor and assess the quality of service provision, some of these audits had failed to address operational issues at the point of delivery.

the out of hours contracts for Southport, Formby and South Sefton. Staff employed by the previous provider transferred to GTD contracts. GTD registered with the Care Quality Commission in 2012 and is registered to provide treatment of disease, disorder or injury, transport services and triage and medical advice. Each of the six directors have clear responsibilities and the board meets monthly with service managers.

GTD had management systems in place to monitor the quality of the service provided. Quarterly reports were provided to clinical governance committee. The clinical governance group was responsible for monitoring and checking the provision of patient care across the provider's services. The group reviewed performance and outcomes regularly to identify and monitor improvements. There was evidence of regular audits in all areas of the service. This meant information was collected and analysed to identify any trends or themes which may impact on the service. It also enabled the service to focus on specific areas for development and measure the quality of its services.

GTD had a clinical audit system to continually improve the service and deliver the best possible outcomes for patients. The organisation had a Clinical Governance Committee that reviewed incidents and rated them to determine the level of risk from each one. This enabled the team to determine the action required in response. The Clinical Governance Committee also carried out audits into areas such as safeguarding adults, appropriateness of home visit requests and medicines management.

GTD had a wide range of quality assurance processes in place to continually monitor and assess the quality of service provision, which included a range of audits to help identify and instigate actions to address any shortfalls. We saw that some of these audits had failed to address operational issues at the point of delivery for example we found that the designated medicines fridge contained ice and mould, induction programmes were poorly recorded and some policies were out of date.

There was a good relationship between clinical and non-clinical staff. There were clear job descriptions for non-clinical staff. The staff we spoke to were clear about their roles and responsibilities. They described the culture within the organisation as focused on patient care. Staff also told us that the leadership was not always visible and accessible. Each call handling shift is supervised by a team leader. Senior management staff are on call during the

Our findings

Go To Doc limited (GTD) is a not for profit healthcare provider that was founded in 1997, firstly as a GP co-operative and since 2004 as an independent provider of urgent primary care services. In October 2013 GTD secured

Are services well-led?

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

shifts but are not present in the centre. Staff we talked to said that they felt supported by team leaders but had minimal contact with senior management and as a result did not feel integrated with or part of the organisation. We could not find any evidence of multidisciplinary meeting structures.

We were told that all staff were provided with regular 'mandatory' e-training and training specific to their roles. They also had access to a range of training opportunities based upon their personal and professional development needs.

We looked at the training records for both clinical and non-clinical staff. The records showed that staff were provided with a range of training which the provider considered essential. This included training in areas such as: information governance, safeguarding, equality and diversity, basic life support, infection control and conflict resolution. Records showed there were some gaps in the

documentation of training. Records were also inconsistent with the providers training strategy for example the strategy documented that all doctors and safeguarding leads should have level three safeguarding training. We were told that some doctors had only received level one training. We could not check this as some Induction records for clinical staff were incomplete.

Staff that we spoke with and records we saw confirmed, that the provider undertook an annual appraisal with staff to enable them, amongst other things, to reflect upon their own performance with the aim of learning and improving the service.

GTD had a documented register of service risks in place, however this was not supported by an accountability framework. This meant that it was not evident who was responsible for the management of the risks identified in the register.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury Transport services, triage and medical advice provided remotely	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines How the regulation was not being met: People who use services were not protected against the risks associated with medicines because safe medicines management procedures were not in place. Regulation 13.
Regulated activity	Regulation
Treatment of disease, disorder or injury Transport services, triage and medical advice provided remotely	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010. Supporting workers. How the regulation was not being met Induction training and level 3 safeguarding adults and children training had not been completed for some clinical staff. Regulation 23 (1)