Arrowe Park Hospital GP OOH

Quality Report

Arrowe Park Hospital
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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.

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Overall summary

The Arrowe Park Hospital GP Out of Hours service is operated by the Wirral Community NHS Trust. The service provides emergency medical care to patients who are unable to wait for their GP practice to re-open. The service is run from five locations including the call centre, Arrow Park Hospital, Eastham, Riverside Park Call Centre, St Catherine's Health Centre and Victoria Central. This inspection was undertaken at the location Arrowe Park Hospital and Riverside Call Centre.

Summary of findings

The service is registered with the Care Quality Commission (CQC) to provide the regulated activities diagnostic and screening procedures, family planning, transport services, triage and medical advice provided remotely and treatment of disease, disorder or injury.

The out-of-hours service was safe at this location. Staff were encouraged by the leadership team to be proactive in learning from incidents and taking ownership when incidents occurred. They had a good understanding of safeguarding matters and were aware of what action they must take if these matters should arise.

The team were providing an effective service for their local population. Care and treatment was considered in line with current published guidelines and best practice, all of which were available to staff on their intranet.

Staff working at the service were caring. Patient's and their families told us staff treated them with compassion and dignity and they felt fully involved in their care.

The service was responsive to patients needs. Patient's views were sought and negative comments made were acted upon. Staffing levels were reviewed on a regular basis to ensure patient's needs and demands could be met.

The service was well led and staff told us they were well supported. There was an open culture where the leadership support was good. The leadership team were strong and visible and worked closely with staff throughout each shift. Staff told us they felt safe to report incidents and mistakes knowing this would be treated as a learning opportunity rather than there being a blame culture.

The patients we spoke with were complimentary of the care and treatment they had received. Patient's told us they were treated with dignity and respect and they were happy with the treatment they received from the GP in attendance.

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 out-of-hours service was safe. Information from NHS England and the Clinical Commissioning Group (CCG) indicated that the practice had a good track record for maintaining patient safety. Staff were proactive in learning from incidents and taking ownership when incidents occurred. Staff members we spoke with were clear about the reporting systems in place for ensuring patient safety. They had a good understanding of safeguarding matters and were aware of what action they must take if safeguarding matters should arise. Safe systems were in place for infection control and medicines management. We found safe recruitment processes in place for staff working with children and/or vulnerable adults.

Are services effective?

The out-of-hours service was providing an effective service for their local population. Care and treatment was considered in line with current published guidelines and best practice, all of which were available to staff on their intranet. The service undertook regular audit and monitoring both internally and externally. We saw good examples of proactive engagement with other health and social care providers and other bodies to co-ordinate care and meet patients needs.

Are services caring?

The out-of-hours service was caring. Throughout our inspection we saw good compassionate care where patients were given time and support during their appointment. Feedback we received from patients before and during our inspection indicated they felt fully involved in their care. The service had consent processes in place for obtaining written patient consent.

Are services responsive to people's needs?

The out-of-hours service was responsive to the needs of their local population in terms of patient access and how they were listened to when complaints were made.

Are services well-led?

The out-of-hours service was well led. Staff reported an open culture where the leadership support was good. The management team were strong and visible and worked closely with staff across the service. Staff reported an open culture where they felt safe to report incidents and mistakes. Staff were committed to maintaining and improving standards of care. The team used a number of systems and team meetings to assess how well the service was running.

Summary of findings

What people who use the service say

Patients and their relatives and carers told us that they felt safe, well cared for and they were happy with the treatment provided. They said that staff at the service treated them with dignity, respect and understanding. Each of the patients spoken with said their privacy was maintained, they were involved in decision making and were always asked for consent or permission before any invasive treatment or examinations took place. All patients reported an easy to use appointment and access system and they were happy with the choices available to them. Some patients had used the patient survey to give feedback and this was a positive experience.

We reviewed compliments and complaints for the service and saw that people were listened to and action taken to resolve any issues. Patients were particularly complimentary about the staff and the friendly attitude of everyone who worked at the service. Patient surveys undertaken by the service showed that overall people were very happy with the service they had received.

Areas for improvement

Action the service SHOULD take to improve

There was no annual review of all incidents, including patient complaints and there was no monitoring system to review themes and trends across the year.

Audits and reviews of services were taking place. However there was insufficient evidence that the full audit cycle, alongside the re-evaluation of changes made was completed in full.

There was no publishing of the complaints process or information on how to make a complaint available for patients.

Arrowe Park Hospital GP OOH

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a GP and two other CQC Inspectors. The team was also accompanied by an Expert by Experience. An expert by experience is someone who has personal experience of using or of caring for someone who uses a primary medical service.

Background to Arrowe Park Hospital GP OOH

Arrowe Park Hospital GP Out of Hours service is part of the Wirral Community NHS Trust. The Trust provides emergency medical care out-of-hours to patients who are unable to wait for their GP practice to re-open. Patients contact the service by telephone first and then they receive a definitive clinical telephone assessment from a doctor before further care is agreed. Further care includes:

•Additional telephone advice and/or prescription

•A face-to face consultation at one of the out-of-hours locations.

•A home visit where clinically deemed necessary.

The out-of-hours team is a multi-disciplinary team of experienced drivers, call operators, triage nurses, nurse clinicians and General Practitioners (GPs).The services are available Monday to Friday between 18:30 and 08:00 and 24 hours on Saturdays, Sundays and Bank Holidays. The out-of-hours service is delivered from a number of bases (including the call centre), although the recognised base is at Arrowe Park Hospital which hosts all of the administration functions and experiences the majority of the patient attendances.

The services are provided to patients living across the Wirral, Neston and the Willaston areas of Cheshire. Census data shows an increasing population and a lower than average proportion of Black and Minority Ethnic residents in Wirral. Parts of the Wirral area has significant issues with inequality and deprivation.

The Trust reports to NHS Wirral Clinical Commissioning Group regarding their out-of-hours services.

Why we carried out this inspection

We inspected this 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?
- 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 hold about the service and asked other organisations to share

Detailed findings

what they knew. We carried out an announced visit on 4 September 2014. During our visit we spoke with a range of staff, including General Practitioners (GP's) and spoke with patients who used the service.

During our visit we spoke with many members of staff, including the service Clinical Director, members of the senior management team, GPs, nurse clinicians, call handlers and reception staff.

We spoke with eight patients on the day of the inspection. We reviewed documentation and records as required.

Are services safe?

Our findings

Safe track record

Systems were in place to monitor patient safety. Reports from NHS England indicated that the service had a good track record for maintaining patient safety. Staff were encouraged by the leadership team to be proactive in learning from incidents and taking ownership when things did not go as planned and incidents occurred. Each of the staff members we spoke with were clear about the reporting systems in place for ensuring patient safety. The Clinical Director told us they ensured reports about incidents, significant events and complaints were also taken to the monthly Trust wide risk management meetings.

Learning and improvement from safety incidents

There was an open and transparent culture when accidents, incidents and near misses occurred. Staff had been trained in incident and accident reporting. There was an accident and incident reporting policy and procedure to support staff and with which they were familiar. Of the events we reviewed that had occurred we were satisfied that appropriate actions and learning had taken place. All actions were monitored at regular meetings to be sure they had been implemented. Feedback was given to wider governance meetings held across the Trust. However we found that there was no annual review of all incidents, including patient complaints and there was no monitoring system to review themes and trends across the year.

Staff told us about the process for giving feedback and disseminating information to staff. They felt they did not receive feedback regarding individual incidents, events and complaints they had been involved with unless they had specifically asked for this. The lead nurse told us they had identified feedback as an area for improvement and were working hard to ensure it was given consistently and across all staff.

The service had a process for monitoring serious event analysis (SEA) and when required these were reported to the local Clinical Commissioning Group (CCG) for further monitoring and scrutiny.

The Trust governance lead handled alerts and notifications from national safety bodies. These were disseminated to senior managers for the service who actioned and recorded these. Staff were informed about and involved in any required changes to practice or any actions that needed to be implemented. General Practitioners (GPs) and the shift manager confirmed this.

From the review of complaint investigations information we saw that the service ensured complainants were given full feedback and asked for detailed information about their concerns. We saw how complaints made were used by the service to learn and improve patient safety and experience.

Reliable safety systems and processes including safeguarding

There was a current local policy for child and adult safeguarding. This referenced the Department of Health's guidance. Staff demonstrated knowledge and understanding of safeguarding. They described what constituted abuse and what they would do if they had concerns. They had undertaken electronic learning regarding safeguarding of children and adults as part of their essential (mandatory) training modules. This training was given at different levels appropriate to the various roles of staff.

There was a chaperone policy in place. Relevant staff had undertaken chaperone training and were able to detail how to act as a chaperone. There was signage in the consultation rooms offering chaperones if needed.

Monitoring safety and responding to risk

Staff we spoke with were clear about their lines of accountability, the reporting systems in place and how patient safety incidents were being monitored. The service had systems in place for reporting, recording and monitoring significant events. There were procedures in place to assess, manage and monitor risks to patient and staff safety and these were routinely discussed at staff meetings.

Staffing levels were set and reviewed to ensure patients were kept safe and their needs met. If there was an unplanned absence reception and administration staff covered the service whilst bank staff were arranged. Duty rotas took into account planned absence such as holidays or maternity leave. We were told that recently reception staff levels had been reduced on perceived less busy days and reception staff were concerned there may be insufficient staff during these times. Staff told us that there were occasions when they did not have sufficient GP cover

Are services safe?

and were extremely busy. At these times patient waiting times were prolonged. The service also used locum doctors to cover shortfalls. The management team were monitoring this at the time of our inspection. It was noted that waiting time performance indicators confirmed that waiting times were prolonged on occasion and on these days. We discussed this with the management team who told us they were currently reviewing this with staff and the local commissioners.

Medicines management

Relevant staff had received training appropriate to their role in medicines management. We spoke with the shift manager and lead nurse for the service who explained their work to ensure medicines were ordered, recorded, stored and managed safely. Prescription pads were kept secure and there were safety systems in place to minimise the risk of them being misused. There were appropriate policies and procedures to support staff to manage medicines safely. We saw the service had undertaken an audit of prescribing medicines and the safety of prescription pads. The results indicated that the service was required to improve their evidence in the records of allergies (or no allergies) being recorded and the results had been discussed with staff at staff meetings.

We saw that emergency medicines were stored safely yet accessible and were monitored to ensure they were in date and effective. The service held stocks of controlled drugs (strong medicines which require extra administration checks to ensure safety). We saw the standard operating procedures and policies that supported their safe use. Staff were able to demonstrate the process for managing controlled drugs safely.

Medicines were available for home visits. Systems were in place to minimise the risk of unsafe use or of medicines being used inappropriately.

Vaccines and certain other medicines were stored in designated fridges, which ensured the medicine was stored in line with the manufacturer's guidelines. The fridges were managed by another service who shared the building, however the lead nurse told us of the procedures and ensured that the cold chain was not breached to ensure safe use of these medicines.

Cleanliness and infection control

The environment was clean and tidy and equipment was well-maintained. We looked at the cleaning schedules and cleaning check lists, which demonstrated daily and weekly cleaning routines were undertaken. We saw appropriate segregated waste disposal for clinical and non-clinical waste. Contracts were in place for waste disposal and clinical waste was stored securely.

The senior nurse was the lead for infection control. They were able to detail their role and responsibilities in infection prevention and control. They had undertaken basic training in infection control and obtained support and guidance from the Trust infection control team.

There was a current infection control policy with supporting protocols and guidance. Hand washing technique posters were displayed in each treatment and consultation room. Hand wash and alcohol hand decontamination dispensers were situated in all the relevant rooms. A needle stick/inoculation injury flowchart protocol was displayed in all treatment rooms where the risk to staff of acquiring an infection from this type of injury was more prevalent.

Sharps containers were stored in each treatment and consultation room. We saw these containers were stored on worktops and benches away from the floor and out of reach of children. These containers were appropriately sealed in accordance with manufacturers' instructions once full, and were disposed of according to local clinical waste disposal policy.

Staff told us they had completed annual training in infection control relevant to their role. They were able to describe their own roles and responsibilities in relation to infection control. Shift managers undertook regular education and audits of hand hygiene with all staff including GPs.

We saw care equipment for example, bed trolleys, ECG machines, dressing trolleys and found them to be clean and tidy. The service had a cleaning schedule to ensure the equipment remained clean and hygienic at all times. The service used single use equipment for invasive procedures for example, taking blood and cervical smears.

Staffing and recruitment

The service had a recruitment policy in place. Appropriate pre-employment checks were undertaken and completed before employment, such as references, medical checks,

Are services safe?

professional registration checks, photographic identification and Criminal Records Bureau (CRB) or Disclosure and Barring Service (DBS). These checks provide employers with access to an individual's full criminal record and other information to assess their suitability for the role. Staff were able to describe their recruitment process and told us that they had submitted all the required information and appropriate disclosures.

Dealing with emergencies

Staff were trained in basic life support skills. Staff we spoke with confirmed this. Emergency equipment, including drugs, were stored securely yet were accessible. The emergency equipment was checked to ensure that it was correct and in working order. There were policies and protocols in place to deal with emergencies. Staff were able to describe the procedures to be undertaken in the event of a medical emergency. Systems were in place to receive support from the attached acute trust emergency life support team in the case of medical emergencies within the service.

Equipment

The service had systems in place to ensure regular and appropriate inspection, calibration, maintenance and replacement of equipment. Suitable equipment which included medical and non-medical equipment, furnishings and fittings were in place. Staff confirmed they had completed training appropriate to their role in using medical devices. We saw evidence that clinical equipment was regularly maintained and cleaned.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care & treatment in line with standards

The clinicians we spoke with were providing an effective service for their local population. Care and treatment was considered in line with current guidance from National Institute for Health and Care Excellence (NICE) and other published guidelines which were available to staff on the soft ware system in place at the service. This included the Mental Capacity Act and the assessment of Gillick competencies for children when gaining their consent. The service had a systematic approach to these guides and they were closely monitored by the management team. We saw that a consent audit had been undertaken and the poorer results relating to risks associated with treatment had been communicated to all staff.

General Practitioners (GPs) we spoke with were clear about the rationale for the treatments they were prescribing and providing. They confirmed they had access to clinical guidelines on the Trust intranet for example guidance such as the appropriate management and use of medicines. Each patient attending the service had their needs assessed and interviews with GP's demonstrated they considered current legislation, standards and nationally recognised evidence-based guidance.

Care was planned to meet identified needs and was reviewed to optimise patient treatment and experience. Consistency of care was achieved between the day and out-of-hour's service for patients with complex and end of life care needs. Systems were in place to ensure communications between services about the needs of these patients were shared.

GPs and other clinical staff performed appropriate skilled examinations with consideration for the patient. Patients told us this and we interviewed GPs during our inspection. Staff had access to the necessary equipment and were skilled in its use and GPs arranged timely investigations as required during the patient consultation. Patients we spoke with were clear about their investigations and their treatment and they understood the results of these.

Management, monitoring and improving outcomes for people

The delivery of care and treatment achieved positive outcomes for people which were in line with expected norms. There was evidence that this was sustained over time. There were systems in place to manage and monitor the service. Weekly management meetings took place, minutes of these meetings showed how staff performance and patient experience was monitored closely.

We saw how the management team monitored daily a sample of performance information in line with National Quality Requirements (NQR). Some of the performance indictors included monitoring patient access and timeliness of clinical assessment. When required action would be taken when performance dropped below the standards required.

The service had undertaken a number of clinical audits. These included patients' record keeping, prescribing medicines and safety of prescription pads, consent and end of life care. The audits identified a number of areas that required improvements and we saw that action plans had been put into place for these.

We looked at the audit for end of life care. One of the developments following this was the use of a 'special notes' section within patients records. These contained information that assisted staff in dealing with patients' specific needs or requirements. Examples of special patient information included terminal diagnosis, palliative care pathway, death expected in next seven days, dementia/ cognitive problem, drug abuse/misuse, domestic abuse risk, potentially violent/abusive and safeguarding concerns. We were told how a full proposal report had been written to review the improvements made and when submitted to the Trust for re auditing this had been declined. This meant that important actions such as the development of 'special notes' and the impact of this had not been fully reviewed and evaluated. Both this and a number of other audits (home visit prioritisation and dental referrals) reviewed showed the service had not completed the audit cycles in full.

Comments made in the patient survey from 4 August and 14 August 2014 indicated patients were 'confident' of the care and treatment they had received by the out-of-hours service. This was reported to us also during our conversations with patients and their families during our inspection visit.

Effective staffing, equipment and facilities

Are services effective?

(for example, treatment is effective)

Most of the GPs working in this service worked as an independent contractor for the 'in hours' GPs services. All doctors were on the national GP Performers list and this was monitored by the local Clinical Commissioning Group. The service used a local GP agency for many years to supplement the GP requirements. It was reported to us that at times there were difficulties covering certain shifts across the working week and this has had an impact on waiting times for patients to be seen. We found good relationships with the Local Medical Committee and feedback from and to this group was positive.

We looked at the induction programme that included mandatory training, role-specific training, risk assessments, health and safety and corporate induction. This included newly recruited GPs for the out-of-hours service . We discussed induction with staff who told us they had undertaken it at commencement of employment. They were confident that this process enabled them to undertake their role. Their competency and skills were assessed on going as part of their supervision, competency assessments and appraisal process. This included GP competency assessments and peer specific reviews.

The recruitment process ensured that all staff employed were appropriately qualified and skilled for the role, and appropriate checks had been undertaken to ensure that clinical staff were registered with their professional body. Policies and procedures were in place to support the recruitment of staff and GPs. Contracts were in place with local agencies for GP locums and this was monitored by the Clinical Director. All GPs including bank GPs were interviewed by the Clinical Director or a lead GP in the service. This interview included questions on clinical scenarios to test the GPs competence and experience. All new GPs attended an induction process. This was a corporate and local induction to the service. We were told that new GP's were mentored for a three to six month period by one of the service clinical leads.

Staff had received annual appraisal and six weekly supervision sessions, which they told us was a useful and meaningful process. Learning and development needs were identified through appraisal and supervision. Staff were supported to undertake continuous professional development, mandatory training and other opportunities for development in their role. Essential (mandatory) training topics were identified with relevance to the role. The service ensured that all staff could access the training provided. This was mostly done by E learning. They were also supported to access further training and development courses. GPs were working towards or had completed the required revalidations.

The lead nurse received clinical supervision with support from within the Trust and had developed clinical supervision groups for other nurses across the organisation.

It was noted in Trust Board minutes of meetings held across 2014 that the out-of-hours service had problems with the balance of agency and substantive GP posts. It was also noted that deadlines were set for ensuring safe staffing establishment in out-of-hours for across the year. We saw how the management team had undertaken a recent review of data to assess the capacity and demand of the service. This was used to identify the staffing levels required to ensure safe and quality care for patients. One of the outcomes of the review was the production of a performance dashboard that showed the length of time taken for an average consultation, amongst others. The dashboard continued to be used to produce performance reports not only for the local management team but plans were in place to share the results with the Trust Board.

Working with other services

There was proactive engagement with other health and social care providers and other bodies to co-ordinate care and meet people's needs. We spoke with medical staff from the Accident and Emergency Department about the joint working arrangements and opportunities they had for working alongside the out-of-hours service. There was effective communication, information sharing and decision making about who might best meet the patient's needs. This new approach had been piloted on a number of occasions and the first stage evaluation of this had shown effective partnership formal and informal working to the benefit of patient experience and integration.

Details of all out-of-hours consultations were shared with the person's GP practice where the patient was registered by 8am the following day. This included important information for instance for patients on the end of care pathway whose needs may have changed overnight.

Health promotion & prevention

Information on a range of topics and health promotion literature was readily available to patients in the waiting

Are services effective?

(for example, treatment is effective)

areas. This included information about services to support them in doing this (i.e. smoking cessation schemes). Patients were encouraged to take an interest in their health and to take action to improve and maintain it. This was confirmed for us during our conversations with patients and GP's. This included advising patients on the effects of their life choices on their health and well-being.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Reception and administration staff were able to describe how they would promote people's dignity and how they treated them with respect. Consultation rooms were private with added privacy of curtain screening within the room itself. Patients we spoke with told us that staff treated them with the utmost dignity and respect. They said that doctors and staff maintained their privacy and dignity effectively.

We observed reception staff dealing with patients and the public. They treated people with respect and listened to them and answered their queries in a professional manner. When patients presented at the reception desk staff would try to ensure confidentiality as far as possible. However due to the lay out of the reception area this was compromised as other patients waiting could overhear conversations. There were no facilities for staff to take patients for private conversations away from the open reception area. All patients told us they were extremely satisfied with the treatment by staff at the service. They commented that they felt staff were very caring, compassionate and respectful.

Involvement in decisions and consent

The service had a consent to treatment policy which set out how patients were involved in their treatment choices so that they could give informed consent. The policy identified where best interest decisions may need to be made in line with the Mental Capacity Act 2005 when someone may lack capacity to make their own decisions. The policy also included consent to treatment by children and young people.

Capacity assessments and Gillick competency assessments of children and young people were undertaken. This enabled staff to make decisions about the child or young person having the maturity and capacity to make decisions about their treatment and care. Each of the staff we spoke with understood the principles of gaining consent including issues relating to capacity. In our conversations with patients they felt fully informed of their treatments and advice given by the GP. They confirmed also that written patient information was available and had been given to them during their consultation.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to people's needs

The service understood the different needs of the local population and they acted on these when designing services. We saw how the service engaged with commissioners of services and other acute providers to ensure a co-ordinated approach to integrated care pathways. This was still in pilot stage but both the service and the hospital had worked together to improve patient access to services. We spoke with medical staff from the Accident and Emergency Department about the joint working arrangements and opportunities they had for working alongside the out-of-hours service. There was effective communication, information sharing and decision making about who might best meet the individual patients' needs. This new approach had been used to ensure patients were treated by the most appropriate service and in an integrated way.

The service was a responsive service in terms of seeking and acting upon patients views. We saw in reception there were publicised comments forms and a box for patients and public to contribute views. There was a recently installed electronic feedback console where patients and public were able to enter their feedback on the service. We reviewed the results of the patient experience questionnaire across August 2014 and twenty patients had made a response to the service. Positive results were seen for matters such as patient involvement and how likely they were to recommend the service to family and friends. We saw that patient experience feedback was discussed at staff meetings and appropriate actions taken.

After initial contact with the call centre patients are logged on the Adastra system for a GP to ring back and give advice. The call is either completed at telephone advice, or a face to face centre appointment is offered or a Home Visit arranged dependent on the patient needs. Each of the patients we spoke with were complimentary about the responses the services had made when contact had been made by them. During our inspection we observed staff at the call centre. We saw how professional they dealt with patient calls and how empathetic and respectful they were during the conversations. Staff explained that the local population had a less than average proportion of Black and Minority Ethnic residents living in the area but if required they could access language line services for interpreter support.

Access to the service

Patients we spoke with confirmed that the appointments system was easy to use. They felt staff were supportive from the initial contact and they were satisfied with the choices available to them in terms of access to the service. We found the systems in place were closely monitored by the service in line with the National Quality Requirements (NQR) for waiting times and patient assessment. Where concerns were noted in terms of these action plans were put into place.

Patients were given a number of access choices. This included telephone advice, face to face contact and a home visit if needed. If patients called the service and were in need of emergency treatment patients were advised to (or call handlers would make) a call to the ambulance service. Staff had received training in responding to patients needs in this way and there were guidelines and protocols for staff to follow. The Arrowe Park Hospital out-of-hours service was located in a purpose built new building fully accessible for disabled patients.

Meeting people's needs

Staff we spoke with confirmed that patients spiritual, ethnic and cultural needs were considered alongside their health needs. Their care and treatment was planned and delivered to reflect those needs as appropriate. Staff confirmed how they might approach a patient with learning disabilities for instance. They were aware their needs and understanding might be different and they told us how their wishes would be respected.

We saw that when required the service worked with other agencies and providers to make sure that patients' needs continued to be met when they move between services. We spoke with GPs during our inspection. They told us of a new development whereby patient records had a section entitled 'special notes'. These contained information that assisted staff in dealing with patients' specific needs or requirements. Examples of special patient information included terminal diagnosis, palliative care pathway, death expected in next seven days, dementia/cognitive problem, drug abuse/misuse, domestic abuse risk, potentially violent/abusive and safeguarding concerns. This ensured

Are services responsive to people's needs?

(for example, to feedback?)

that as patient's transferred through the services their needs would be consistently met. Staff also ensured that the GP practice was also notified of their attendance by 8am the following day. This was monitored as a performance indicator by the senior management team at the service.

Concerns and complaints

The service had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the service. Staff were knowledgeable regarding the complaints process. They had received training in customer relations and conflict resolution and told us how they would try and deal with the situation. They described how they would direct patients with comments or concerns to the patient experience cards held at reception. There was also a patient experience electronic stand for patients to enter details of their experience. Staff told us they had formal complaint forms located behind the reception desk for patients if they wished to make a formal complaint. However there was no publishing of the complaints process or information on how to make a complaint available for patients.

Complaints made were routinely discussed with staff at regular team meetings. However during our inspection staff told us they did not receive feedback regarding individual incidents, events and complaints they had been involved with unless they had specifically asked for this.

Are services well-led?

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

Our findings

Leadership and culture

Throughout our inspection we spoke with staff about the leadership and culture of the service. They reported an open culture where the leadership support was good. There was a well-established management structure with clear lines of responsibility. We spoke with staff with differing roles within the service and they were clear about the lines of accountability and leadership. They spoke of good visible leadership and full access to the Clinical Director and the senior management team.

Staff we spoke with were not able to articulate the values and working strategy of Wirral Community NHS Trust and they told us they did not feel involved and were not asked to contribute. However they were able to articulate the values and ethos of the out-of-hours service and this encompassed key concepts such as dignity, compassion and respect. All staff told us they enjoyed working at the service and they felt valued in their roles.

Staff feel supported, valued and motivated and reported being treated fairly and compassionately. Staff felt well supported in their role by the management team. They felt confident in the senior team's ability to deal with any issues, including serious incidents and concerns regarding clinical practice. Staff reported an open and no-blame culture where they felt safe to report incidents and mistakes. Human resource management and systems were in place for the management team to act and intervene when poor behaviours and performance had a negative impact on effective team working.

Staff meetings took place on a regular basis for different groups of staff depending on their role. Staff found them informative however we were told there was a lack of feedback from incidents, events and complaints. Regular external meetings took place with NHS England's local area team and other service providers to monitor the quality of patient experience and safety.

Governance arrangements

There were Trust wide and local arrangements for governance. The arrangements within the service were transparent and open. Staff we spoke with both in the call centre and at the service were clear about what decisions they were allowed to make and when to take advice. The management structure and their response to incidents reported enabled risks to the quality of patient experience, such as staffing levels, to be swiftly acted upon so that this did not adversely impact on patient safety.

The service worked closely with the Trust IT department to ensure quality data for use in the form of a risk dashboard to ensure that accurate, timely and completed information/data was available to support management decision making. This data was used for example for monitoring the percentage where clinical assessment for urgent patients commenced within two hours of the patient arriving in the centre (face-to-face assessment). The information was used to identify the level of staffing requirements needed for each shift.

Systems to monitor and improve quality & improvement (leadership)

Appropriate systems were in place for gathering and evaluating accurate information about the quality and safety of patient experience. This included feedback from patients, audits, adverse incident reporting and complaints management. The service used a range of information relating to their performance including internal and external review systems and this information was discussed at weekly senior managers meetings. We saw that quality dashboards were kept where identified patient indicators such as those within the National Quality Requirements (NQR) were monitored on a daily basis. The results of these were reported to the NHS England local area team on a regular basis.

Patient experience and involvement

Staff we spoke with recognised the importance of the views of patients and their families. A proactive approach was taken to seek a range of feedback, for example through a patient questionnaire accessible to all patients in the service waiting area. We saw in reception there was a publicised comments form and box for patients and public to contribute views. There was also a recently installed electronic feedback console where patients and public were able to enter their feedback on the service. The questionnaire asked patients their views on matter such as the length of time they have had to wait, how well the GP listened and how confident they were of the treatment prescribed. Positive results were seen for these questions, less favourable answers were reviewed by the Clinical

Are services well-led?

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

Director and appropriate actions taken. The most common negative comments related to the waiting times to be seen by the GP. All results including negative and positive feedback was discussed with staff at their meetings.

We looked at how complaints were managed and found that overall the process of acknowledgement and responding within a specific time period worked well. All complaints were managed and overseen by the Clinical Director. The service would offer face-to-face meetings with complainants at an early stage in the hope that the complaint could be resolved to the satisfaction of the patient/family member. Actions taken as a result of complaints were open and appropriate and were discussed at staff meetings.

Staff meetings were held regularly to review patient feedback and complaints made. We were shown email correspondence with all GPs sharing the learning with those that were unable to attend a staff meeting.

Management lead through learning and improvement

There was a programme of induction and training and development for all staff. Mandatory training was undertaken and monitored to ensure staff were equipped with the knowledge and skills needed for their specific individual roles. Staff were supervised and appraised to help identify what training and development they needed and to ensure they were suitably skilled and competent for their role.

During the inspection the Clinical Director shared a number of emails that had previously been sent to staff offering learning opportunities, highlighting what action could be taken in the future and discussion points. These were often in response to incidents that had occurred or patient complaints that were made.

Identification & management of risk

Management systems were in place to ensure that any risks to the delivery of high quality care were identified and mitigated before they become issues which could adversely impact on the quality of care. The service had systems in place to identify and manage risk safely. Staff interviewed during the course of the inspection knew how to report an incident. We found that appropriate risk assessments for each area such as fire safety, infection control were available and up to date.