Shropshire Doctors Co-Operative - Longbow Close

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

Shropshire Doctors Co-operative Ltd (Shropdoc) is a not for profit organisation established in 1996. Shropdoc has 279 local GP members who deliver out-of-hours care to a population of 600,000 patients within Shropshire,Telford &Wrekin and Powys.

The service opening times are from 18.30 until 08.00 Monday to Thursday and 18.30 Friday through to 08.00 Monday with 24 hour cover for all bank holidays.

Shropdoc provides care to approximately 140,000 patients per year.

Shropdoc currently has six centres in England. We visited the two largest centres during this inspection at Telford and Shrewsbury alongside the head office location where virtually all triage takes place.Shropdoc primary care centres are located within community or district hospital sites.

Shropdoc operates a 'triage' model where all patients have clinical telephone assessments. This prevents unnecessary journeys for patients and enables appropriate coordination of home visits and appointments according to clinical urgency and demand. Shropdoc does not use decision supporting software for assessing patients, all clinical decisions are based on evidence based knowledge and clinical guidelines for best practice.

We found patients accessing the service were kept safe and protected from harm. Care and support was delivered to patients by a caring team who were responsive to the changing needs of the patients.

We found policies and procedures to support staff whilst carrying out their roles were robust and up to date. Staff had all received appropriate training to carry out their roles.

We spoke with patients, parents attending with children, staff, the senior management team, looked at feedback from local healthwatch organisations and collected comments cards from the public at each of the locations visited. We also listened to call handlers and triage consultations with patients and observed consultations being carried out at the care centres.

Feedback from patients suggested they were happy with the care they had accessed, were treated with dignity and in a sensitive manner.

We found that the service was well-led and managed by an enthusiastic, experienced and knowledgeable senior management team, and their values and behaviours were shared by 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?

We found that the provider had in place robust and rigorous systems to ensure that staff seeking to work at Shropdoc were appropriately recruited and vetted to ensure their suitability to work with potentially vulnerable people. GP's and nursing staff had been subject to competency testing for triage, clinical skills and continuing clinical audit to ensure their effectiveness and help maintain patient safety.

There were clear procedures and policies that staff were aware of to enable them to recognise and act upon any serious events or incidents and any learning was shared with staff and the public through the provider's website and patient groups.

The provider had good systems in place to safeguard patients at risk of harm.

We found there were systems in place to help protect people from the risks associated with the management of medicines and infection control.

Vehicles used to take GP's and community nurses to patients' homes for consultation were well maintained, cleaned and contained appropriate emergency medical equipment. Emergency equipment held at head office and the care centres were well maintained and serviced.

Are services effective?

We found that the provider was providing effective care to a wide range of patient groups with differing levels of need often with limited information available to clinicians. The clinical triage process at Shropdoc allowed GP's and nurse to ensure the most effective and appropriate service was offered and delivered to the patient in a timely manner.

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

Reception staff at the care centres told us they had been trained and were able to see that a patient might need earlier intervention and took steps to ensure they were assessed by a clinician for example breathing problems or increased levels of stomach pains. We saw within the waiting areas a large sign that informed patients of actions to take if they felt their symptoms were worsening whilst awaiting consultation.

There was an effective system in pace to ensure information about patients was shared with the patient's 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 via their Care co-ordination centre (CCC). Shropdoc supported the local prison service for their immediate out of hours care requirements.

Are services caring?

Patients and carer's we spoke with were all positive about their experience with Shropdoc and said they found the staff friendly, caring and responded 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.

Are services responsive to people's needs?

We found Shropdoc had an effective system to ensure that, where needed, GP's could provide a consultation in patients' homes.

Summary of findings

The provider had in place effective systems to engage and collaborate with other health care and social care providers. This included direct access to beds within local health care establishments which helped ensure patients received the best outcomes in the shortest possible time

Shropdoc had special arrangements via a complex needs rota to provide out-of-hours GP support for patient groups such as people confined in a nearby prison or those struggling with a mental health need.

Shropdoc also supported patients requiring community nurse care between 19.00 and 12 midnight seven days per week. Calls for this service were coordinated via the care coordination centre within Shropdoc head office or passed through to them by in hours community nursing teams within the areas. Community nursing is not available after midnight and Shropdoc doctors fill the consequent gap in service.

The was an easily accessed and transparent complaints system and we saw that any learning from those complaints was shared with staff and the public.

The provider undertook continual engagement with patients to gather feedback on the quality of the service provided.

There was an effective system in place to ensure information about patients was shared with the patient's own GP at the earliest opportunity.

We found adequate provision for patients accessing the service with sensory needs and the service had access to a translator service. However we did not find any information leaflets within the care centres that were in languages other than English. This meant we could not be assured that patients with a first language other than English were fully informed of the care they received.

Are services well-led?

Shropdoc had a stable management structure; the nominated individual who is the medical director and Chef Executive were very knowledgeable and were an integral part of the staff team. They displayed high values aimed at improving the service and the patient experience.

Staff we spoke with all displayed a similar commitment. Staff turnover was low with many staff having been employed at the service since the serviced started. Staff told us they felt very well supported and were all important within the team.

There was a clear leadership and management structure and staff we spoke with were clear who they could approach with any concerns they might have.

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

Shropdoc had recently embarked on 'Foundations Improvement Science in Healthcare' programme for continuous quality improvement within the service. This is being hosted in the initial stages by an external company engaged to assist the service to change the way they identify and understand the root cause of problems and ultimately to design a new model of delivery. 20 staff members across the service had been selected to take part in the process with other staff to be registered as the process continued.

We spoke with staff who told us that when new ideas or working practises were suggested they were fully consulted and their opinions counted. They told us they all pulled together to embrace change and facilitate better outcomes for patients.

There was a clear commitment to learn from problems, complaints and incidents.

There was an open and transparent culture within Shropdoc and they were keen to celebrate all aspects of their care provision and detail where they felt they could make changes and their progress with these changes.

Summary of findings

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

Patients we spoke with 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.

All of the patients we spoke with during our inspection made positive comments about Shropdoc and the service they provided. Patients were particularly complimentary about the caring, friendly attitude of staff.

One patient told us if they had to make a comment they would say the only thing they would change is having to repeat everything to the clinical person once they spoke to them after the initial call had been processed. They told us they realised the need for this was to check the details again and was a safety net but felt if you were unwell it could be quite laborious.

A parent attending with a small child told us " If I am completely honest I would bring my X here every time rather than my GP, they are a lot nicer and listen to me and I don't feel rushed or like I am being pushed through".

Another patient told us " Having had several trips to A&E, Shropdoc and the staff here deliver the highest level of care ever and it is just exceptional".

The patient representative told us; "Patients feel supported and cared for by professional staff who listen and do not make decisions before you finish telling them what is wrong with you" "The service is well led and effective". Feedback given to him in his role as patient representative was that patients were extremely happy with the service and many wait until after opening hours of their regular GP surgery because they know how good the service at Shropdoc is.

A GP we spoke with told us; "This is an exceptionally well run and organised service. Communication is great between all levels of staff. Senior management control the standard of care delivered to patients by randomly selecting cases that have been dealt with and benchmarking them then feeding back to the relevant practitioner. This is carried across all staff and is very effective and carried out in a supportive manner".

Staff we spoke with told us: "I love my job". "This is a great place to work we all support each other and the GPs often ask us for advice its not just one way". "By far the best job I have had". "It is a very supportive environment and I know I can get support at any time if I have a problem. The job is flexible to allow me to meet my other commitments and I enjoy it immensely". "I can not imagine working anywhere else that supports and develops staff the way Shropdoc do.Training is ongoing and the management will always consider any training you ask about".

Areas for improvement

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

Continue work to improve signposting at the entrance to Shrewsbury NHS Trust to enable patients to locate the service in a timely manner.

Good practice

Our inspection team highlighted the following areas of good practice:

- Patient safety and good practice was reinforced and documented at all meetngs with staff and evidenced by good investigation, analysis and learing identified from adverse incidents and complaints.

Summary of findings

- There was an excellent, thorough and comprehensive recruitment and induction process for all staff which included thorough assessments of clinicians' competence. This promoted confidence that patients were receiving high quality care and treatment from appropriately qualified and experienced staff.
- Clinical governance procedures are robust and supported at the highest level.
- There was rigorous monitoring of clinical and non clinical performance to ensure patients received safe and effective care. We saw evidence of robust audit processes and a number of completed clinical audit cycles.
- Shropdoc provided 'on-call' access to GP's some of whom had undergone Section 12 mental health training and these GPs could be accessed to deal with mental health/prison or mental capacity assessment during the out of hours period. This ensured patients had appropriate access to care relating to their immediate need.
- Shropdoc had recently embarked on 'Foundations Improvement Science in Healthcare' programme for continuous quality improvement within the service. This is being hosted in the initial stages by an external company engaged to assist the service to change the way they identify and understand the root cause of problems and ultimately to design a new model of delivery. 20 staff members across the service had been selected to take part in the process with other staff to be registered as the process continued.
- The use of a 'flagging' system for in-hours GP's to alert out of hours GP's and staff to any issue of risk regarding their patients. This flashed on the screen when the patients details were entered by the call handler, they could then alert the GP/ nurse to this and prioritise care as required. However this was dependant on the in hours GP maintaining this information but was seen as good practice. Out of hours GP's could also flag any appropriate risk for the patients own GP to follow up on.
- Shropdoc had access to a service called 'VIZZ' for the visual impaired, this allowed patients to text into the service and request a consultation with a GP. The patient was then given a face to face appointment at one of the care centres and a signer would be provided at the appointment to assist the patient.

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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 a GP practice manager, a health visitor and an expert-by-experience who helped us to capture the experiences of patients who used the service.

Background to Shropshire Doctors Co-Operative - Longbow Close

Shropshire Doctors Co-operative Ltd (Shropdoc) is a not for profit organisation established in 1996. Shropdoc has 279 local GP members who deliver out of hours care to a population of 600,000 patients within Shropshire,Telford &Wrekin and Powys. As a 'not for profit' company, Shropdoc does not pay money to shareholders and any surplus is reinvested to improve services.

Shropdoc holds contracts to deliver NHS services on behalf of two Clinical Commissioning Groups in Shropshire and Telford. The service covers a large geographical area of over 3,500 miles with a population of 607,804, 2.1% of the population being from black or ethnic minority origin.

Shropdoc were open whenever GP surgeries were closed. This was weekdays between 6.30 pm and 8 am, plus 24 hours a day at weekends and public holidays.

Shropdoc also provided a single point of access to health professionals for advice on urgent care for patients in their care.

Calls from patients to their GP during out-of-hours periods were directed to the Shropdoc telephone service. These referrals amounted to between approximately 140,000 patients contacting the service in 2013.

We found approximately 35,000 were being seen at primary care centres, 21,000 receiving home visits and 60% of all patients are managed with a telephone consultation.

The service provided consultations on an appointment basis at the six locations across the geographical area within England but also carried out home visits to patients who were assessed as not being fit enough to travel to the care centres for a consultation.

Shropdoc worked closely alongside other primary healthcare services such as community nursing, Social Services, Emergency Duty Team and Mental Health Crisis Team. There was clear evidence of a strong working relationship between Shropdoc and other healthcare and social care providers. Shropdoc provided ‘on-call’ access to GPs who had undergone Section 12 mental health training and these GPs could be accessed to deal with mental health, prison or mental capacity assessment during the out-of-hours period.

Detailed findings

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

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 visit to Shropdoc on 26th march 2014. During our visit we spoke with a range of staff including the registered manager, administration and training staff, nurses, general practitioners, passenger transport drivers and those staff that dealt directly with patients, either by telephone or face to face.

We visited the Shropdoc care centres based within both Shrewsbury and Telford NHS Trusts during the inspection.

We spoke with eight patients who used the service. We observed telephone triage systems as they happened, allowing us to listen in on consultations with the patient.

We observed how people were being cared for and talked with carers and family members and reviewed personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We followed up on two of the comments made by the public by telephone the day after the inspection.

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 the call handling facility, two care centres and looked at the vehicles used to take doctors and community nurses to consultations in people's homes.

Are services safe?

Summary of findings

We found that the provider had in place robust and rigorous systems to ensure that staff seeking to work at Shropdoc were appropriately recruited and vetted to ensure their suitability to work with potentially vulnerable people. GP'sand nurses had been subject to competency testing for triage and clinical skills and continuing clinical audit to ensure their effectiveness and help maintain patient safety.

There were clear procedures and policies that staff were aware of to enable them to recognise and act upon any serious events or incidents and any learning was shared with staff and the public through the provider's Website, meetings with staff and local newsletter. The provider had good systems in place to safeguard patients at risk of harm.

We found there were systems in place to help protect people from the risks associated with the management of medicines and infection control.

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

Our findings

We spoke with eight patients and carers during the course of our inspection. All of their comments were positive and did not raise any concerns about patient safety.

We saw that the provider had a robust and rigorous procedure for recruiting staff to work at Shropdoc. GP's were only recruited from the local areas and thorough checks were undertaken to ensure their fitness to practice for example General Medical Council registration, insurance for out-of-hours (OOH) and inclusion on the GP performers list. Suitable and verifiable references were sought. GPs were also required to undertake competency testing, which included triage and clinical skills assessment. Trainee GP's were supervised and supported at all times within the service by mentors and other GPs working alongside them.

All staff at Shropdoc were subject to checks to ensure their suitability to work with vulnerable people. We saw that there was a thorough induction process which enabled staff to be assessed as competent in areas relevant to their work and where staff had difficulty in reaching the required standard additional help and time was allowed for them to attain the level required.

There was evidence in the eight staff files we sampled to demonstrate staff were given a good induction and were supported by regular supervision sessions, observation of practice and appraisal. All of these measures helped to ensure that staff were safe and competent.

The nursing director advised us that all nursing staff were directly employed by the service and that they did not use a locum nursing agency to cover shifts. We were advised that the doctors working within the out-of-hours service were mainly GPs from around the local area. This meant patient's would be seen by experienced GPs who were familiar with the local health and social care service should they need to refer patients promptly to other services.

Where relevant, the provider also made checks that the member of staff had adequate and appropriate indemnity insurance was a member of their professional body and on the GP performer's list. This helped ensure that new staff met the requirements to work within the out-of-hours area.

We were satisfied that criminal record checks had been carried out appropriately to ensure patients were protected from the risk of unsuitable staff. If staff had recent Criminal Records Bureau / Disclosure and Barring Service (CRB/DBS) checks from their permanent employers these were risk assessed by the service, however this was not fully recorded and the service may wish to consider a formal process to record this. The service had a formal process for the rechecking of CRB/DBS and this was recorded electronically.

We saw that the care centres were accessible to people with restricted mobility such as wheelchair users and that patient accessible areas were in good condition.

We looked at the vehicles used to take doctors and community nurses to consultations in patients' homes and saw that they were in good condition and regularly maintained. We looked at the equipment carried in the vehicles that could be used by a GP in the event of a medical emergency, such as defibrillators and oxygen and found it to be appropriate, well maintained and checked regularly. We saw written evidence that the equipment was checked regularly. Equipment checked within a 'spare'

vehicle which was being used to transport the inspectors across various sites was found not to have been thoroughly checked as some items were missing or out of date. Senior staff assured us before the vehicle was used for 'active' service it would be thoroughly checked and replenished as required.

Staff that we spoke with and records we saw confirmed that all staff had received training in medical emergencies including resuscitation techniques. All staff were trained to a minimum of basic life support.

We found there were appropriate arrangements in place to provide medicines when required, for example when community pharmacies were closed. The amount of medicines stored was closely monitored and controlled and we saw evidence that they were regularly checked and all checks were appropriately recorded to ensure they had not exceeded the expiry date recommended by the manufacturers to ensure their effectiveness.

We saw that drugs used by GP's when consulting patients in their homes were closely controlled and monitored. All cupboards in the care centres that contained drugs were secured safely.

All controlled drugs were securely stored and accounted for in an appropriate manner that assured us of their safety and security at all times. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse.

We observed that all areas of the care centres were visibly clean. Hand sanitising liquids were placed strategically along corridors and we saw posters were displayed promoting good hand hygiene. Plentiful supplies of aprons and disposable gloves were available both within the care centres and in the vehicles we looked at.

Spillage kits were available in all areas to enable staff to effectively deal with any spillage of body fluids such as blood. Bins used for the disposal of sharps were appropriately located and dated.

Staff told us and records showed that staff received instruction and training in infection control. We saw that the providers infection control policy was available to staff on the computer network known as 'the hub' alongside guidance for staff on all matters relating to infection prevention and control.

We looked at infection control audits that had been completed. We saw that if an issue was identified a detailed, time bound action plan was put in place. This meant appropriate action was taken to rectify the issue and reduce the potential of further risk.

Vehicles used to take doctors and community nurses to consultations were clean internally and externally and staff told us they cleaned them at least weekly and more frequently if required.

Cleaning at the care centres was carried out by NHS contracted cleaning staff. Areas appeared clean and well maintained and waste was disposed of appropriately. As this was not a service contracted by Shropdoc we did not see any cleaning schedules.

We saw that the provider had a safeguarding policy and found that it was freely available to staff on the computer 'hub' system but all staff were also provided with a copy of it in their staff handbook. The nurse director was the designated safeguard lead and staff told us they were aware of this. All staff received instruction and training to an appropriate level in safeguarding vulnerable people. Staff spoke knowledgeably about safeguarding children and vulnerable adults and were able to explain in detail the action they would take had they any concerns.

We saw that accurate records regarding treatment and prescribed medication were maintained when patients used the service. These records were electronic and were sent directly to the patient's electronic record held at their own doctor's surgery. This meant that information was available the next working day for the patient's own doctor to review. This demonstrated continuity of patient care.

We saw a 'flagging' system was used by in-hours GP's to alert out-of-hours GP's and staff if there was an issue (safeguarding/ risk) concerning a particular patient. This demonstrated a commitment to ensuring patients safety by effective communication between GP services.

The provider had in place arrangements for reporting significant incidents that occurred at Shropdoc. A 'significant events reporting policy' was available for staff so that they knew how to report incidents for investigation. We saw from the providers 'significant events risk register' that they fully investigated all reported events and events were discussed at Governance meetings and action plans acted upon. Learning had been identified and evaluated

Are services safe?

after an appropriate amount of time to test the effectiveness of the learning. This meant the provider was prepared to use the learning from incidents to minimise the risks to patient safety in the future.

We found there was an effective system in place to deal with, record and feedback on medical alerts relevant to the service. All medical alerts received were handled by the risk manager and shared with staff who were able to assess the risk to the service. This information was then fed back to the Medicines and Healthcare products Regulatory Agency (MHRA) as required and held electronically for future reference.

Are services effective?

(for example, treatment is effective)

Summary of findings

We found that the provider was providing effective care to a wide range of patient groups with differing levels of need often with limited information available to clinicians. The clinical triage process at Shropdoc allowed GP's and nurse to ensure the most effective and appropriate service was offered and delivered to the patient in a timely manner.

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

Reception staff at the care centres told us they had been trained and were able to see that a patient might need earlier intervention for example breathing problems or increased levels of stomach pains and took steps to ensure they were assessed by a clinician. We saw within the waiting areas a large sign that informed patients of actions to take if they felt their symptoms were worsening whilst awaiting consultation.

There was an effective system in pace to ensure information about patients was shared with the patient's 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. Shropdoc supported the local prison service for their immediate out-of-hours care requirements.

Our findings

We spoke with eight patients using the 'service at the two care centres we visited. All patients told us that they were satisfied with the service they had received.

We spoke with two GPs about how they received updates relating to best practise or safety alerts they needed to be aware of. The GPs advised us that these were shared with them through the email system and they received reminders about these updates on their Information Technology (IT) system. All staff also had access to the 'hub' here all alerts were archived for reference. We saw the new alerts were displayed on the front page of the 'hub' in red.

We were told that the medical director was always available either in person or via telephone for support and guidance should this be required. This meant clinical staff were provided with information needed to deliver good clinical care.

We looked at patient records and found them to be very good, they were very detailed and contained a clear account of any treatment or advice given to the patient. We saw that audits were carried out of patient records made by all professionals on an annual basis and any feedback was given to the professional in a formal manner.

Policies and procedures were also in place to help staff recognises and act appropriately where there were concerns about a patient. Reception staff had information to help them to recognise patients in need of urgent care when they presented at the service. Information about life threatening conditions was also provided as part of their induction. These processes helped ensure the service could appropriately respond to the needs of patients using the service. Large displays in the waiting area of the care centres informed patients of the actions to take if they felt their condition was worsening whilst they were waiting consultation.

Clinical staff we spoke with described staffing levels at the service as "Good." The director of nursing advised us that staffing levels were determined by previous trends but that there were escalation procedures available during periods of unexpected high demand. This involved bringing in extra staff to support the increased numbers of patients presenting at the service. We spoke with one GP who was able to explain the escalation process and told us that they would come in short notice if needed. These processes enabled the service to meet patient needs and demand for the service.

The provider advised us that they kept an electronic copy of the records for all patients seen by them. Information about patients who used the 'out-of-hours' service was shared with their usual GP. This was an automated process. We were advised that the information was transferred by 8am the day after the patient had been seen. We did not see that there had been any concerns raised about the sharing of information. These arrangements meant the patients usual GP was aware of any treatment given at the first opportunity and would help support the good continuation of care.

Are services effective?

(for example, treatment is effective)

We saw that there was a robust audit process of clinical and non-clinical practise ongoing throughout the year at Shropdoc. We found the service used the Royal College of GPs (RCGP) audit tools to assist them in their robust audit management. Audits of medical records, medicine management, patient experience, call handling and response times are examples of areas audited within the audit calendar. These audits were reported upon at the clinical governance meeting and any action identified was acted upon. All audit results were discussed with the staff members involved and recorded in their personal files. Alongside this Urgent Health UK (UHUK) carried out an annual clinical audit review of Shropdoc and benchmarked the service in a positive manner against other out-of-hours services in their 2012/13 report (latest report available). The audit covered areas such as risk management, co-operating with providers and patient experience alongside all audits of clinical areas. The process included looking at the service provided to patients, actions identified and then any follow-up to check progress had been mainatined. The audit produced an action plan for areas to be addressed which the practice carried out within the timescales identified.

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. We saw evidence that Shropdoc had been fully compliant with all of the applicable NQR's throughout 2013.

Responses from patient surveys showed a high level of satisfaction in the service provided by Shropdoc, which was significantly above the national benchmark. In their last annual patient questionnaire carried out by CFEP UK surveys at the end of 2013, Shropdoc achieved a mean score of 61% against a national average of 57% for their treatment cantres, 59% against a national average 54% for their telephone advice and 68% against a national average of 57% for their home visits. Our feedback from Healthwatch Shropshire highlighted quality of treatment as the most frequently reported patient pathway topic which received positive feedback at Shropshire Doctors (72.7%).

Are services caring?

Summary of findings

Patients and carer's we spoke with were all positive about their experience with Shropdoc 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

Our findings

Patients we spoke with described being treated with respect and dignity and felt involved in decisions about their health care. We observed staff being helpful and sensitive to patient's needs.

One patient told us "They had to repeat the information a few times as I'm not very clear with my hearing but they did not mind".

Other comments included;

"Brilliant, caring and better than my GP". "So much better than A&E you maintain your personal identity and they speak to you properly". "Wish they could teach the hospital nurses and doctors how to be this good". " I came here after ringing up and left my comments on the card but do not feel I did the doctor justice he was so kind". " Both the doctor and porter were respectful". "Excellent service very well explained to me". Patients also praised staff on their caring and compassionate approach.

All staff we spoke with understood the principles of gaining consent including issues relating to capacity. Senior staff informed us they had discussed at the clinical governance meetings the issue of consent and considered patients attending the Shropdoc service displayed implied consent. The consent policy reflected this but alerted the clinical practitioner to the need to gain formal consent before carrying out any invasive procedures. We found information on the 'hub' relating to consent for patients under 16 years and the process to follow to ensure consent was valid. The risk manager discussed with us a recent situation where their vigilance with a patient under 16 had ensured appropriate support was offered to the patient.

The patients we spoke with confirmed that they had been involved in decisions about their care and treatment. They told us their treatment had been fully explained to them and they understood the information given to them. This demonstrated a commitment to supporting patients to make informed choices about their care and treatment.

We saw patients had access to a chaperone service when they underwent an examination We were told due to the staff numbers available within the care centres this was not always possible. However staff in the care centres told us they had acted as chaperone when required and were able to articulate the purpose and responsibilities of acting in this role. Provision of a chaperone helps to provide some protection to patients and clinicians during sensitive examinations.

We found that patient information was not readily available in the waiting areas of the care centres and information available was only available in English. Although the percentage of people from other ethnic groups other than British is low in the geographical area, good practice would suggest that having information available in a variety of languages would assist patients to fully understand their care and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

We found Shropdoc had an effective system to ensure that, where needed, GP's could provide a consultation in patients' homes.

The provider had in place effective systems to engage and collaborate with other health care and social care providers. This included direct access to beds within local health care establishments this helped ensure patients received the best outcomes in the shortest possible time.

Shropdoc had special arrangements via a complex needs rota to provide out-of-hours GP support for patient groups such as people confined in a nearby prison or those struggling with a mental health need.

Shropdoc also supported patients requiring community nurse care between 19.00 and 12 midnight seven days per week. Calls for this service were coordinated via the care coordination centre within Shropdoc head office or passed through to them by in hours community nursing teams within the areas.

The was an easily accessed and transparent complaints system and we saw that any learning from those complaints was shared with staff and the public.

The provider undertook continual engagement with patients to gather feedback on the quality of the service provided.

There was an effective system in place to ensure information about patients was shared with the patient's own GP at the earliest opportunity.

We found adequate provision for patients with sensory needs who were accessing the service and the service had access to a translator service.However we did not find any information leaflets within the care centres that were in languages other than English. This meant we could not be assured that patients with a first language other than English were fully informed of the care they received.

Our findings

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

The senior management team at Shropdoc met with representatives of the clinical commissioning groups (CCG) regularly to discuss performance and capacity.

Care centres were accessible to patients with mobility difficulties. The consulting rooms were suitable with easy access for patients. There was also a toilet for disabled patients available in the surrounding if not immediate area.

Staff told us they had access to interpreter or translation services for patients who required this, and they had access to guidance regarding using interpreter services and contact details. Shropdoc had access to a service called 'VIZZ' for the visual impaired, this allowed patients to text into the service and request a consultation with a GP. The patient was then given a face to face appointment at one of the care centres and a signer would be provided at the appointment to assist the patient.

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

We looked at the staffing levels at the care centres and found them to be sufficient to meet the needs of patients. We looked at the numbers of patients who used the service and found as the appointments were managed via the triage service any fluctuation in numbers could be accurately assessed and managed. It was possible for staffing levels to be adjusted to meet increased demand.

There was a complaints system that showed that any complaints received about the service had been responded to in an appropriate manner and patients were kept informed of the progress and result of any subsequent investigation. There was evidence that any learning from those complaints and other incidents was used to improve the service. Scenarios from complaints and incidents were used at staff training days to discuss how and what had happened and alternative ways of dealing with the situation.

We were shown the complaints log for the service and actions taken to address issues raised. All complaint's were taken to the governance meetings and fully discussed.

Are services responsive to people's needs?

(for example, to feedback?)

There were arrangements in place to deal with foreseeable emergencies. Basic life support awareness was part of the mandatory training that all staff were required to undertake. Staff we spoke with were aware of the emergency equipment available and where it was kept. Emergency equipment was routinely checked and recorded. This meant staff would be able to respond quickly if a medical emergency arose. Services within hospital sites accessed the hospital emergency response system in emergency situations.

We spoke with staff about the management of patients with mental health issues who may be at their most vulnerable when attending the service. We were told the service had access to GP's most of whom had additional Mental Health training and some of whom had received section 12 mental health training.These GPs could be accessed on an 'on call' basis to deal issues within the local prison facility and community mental health facilities or mental capacity assessment during the out-of-hours period. Patients who attended consultation or on home visits requiring assessment under the mental capacity act would be transferred to the care of these specialist GP's, who would be called to attend and take over the care of the patient. This ensured patients had appropriate access to care relating to their immediate need.

The service provided out-of-hours support to patients within the local mental health and prison facility and could demonstrate a close working relationship with members of the multi-disciplinary teams at these facilities.

We saw in the consulting rooms there were contact details for various services available in the local area. This meant staff had access to information needed to make referrals or obtain specialist advice when required. The service could consider displaying information and updating all staff regarding awareness of domestic violence to ensure staff and patients feel supported to report incidents and therefore protect patients at risk.

Are services well-led?

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

Summary of findings

Shropdoc had a stable management structure; the nominated individual who is also the Medical Director and Chef Executive were very knowledgeable and were an integral part of the staff team. They displayed high values aimed at improving the service and the patient experience.

Staff we spoke with all displayed a similar commitment. Staff turnover was low with many staff having been employed at the service since the service started. Staff told us they felt very well supported and were all important within the team.

There was a clear leadership and management structure and staff we spoke with were clear who they could approach with any concerns they might have.

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

Shropdoc had recently embarked on a 'Foundations Improvement Science in Healthcare' programme for continuous quality improvement within the service. This is being hosted in the initial stages by an external company engaged to assist the service to change the way they identify and understand the root cause of problems and ultimately to design a new model of delivery. 20 staff members across the service had been selected to take part in the process with other staff to be registered as the process continued.

We spoke with staff who told us that when new ideas or working practises were suggested they were fully consulted and their opinions counted. They told us they all pulled together to embrace change and facilitate better outcomes for patients.

There was a clear commitment to learn from problems, complaints and incidents.

There was an open and transparent culture within Shropdoc and they were keen to celebrate all aspects of their care provision and detail where they felt they could make changes and their progress with these changes.

Our findings

Both clinical and administrative staff described the culture within the service as being open and supportive. Comments received from staff included, "You can always contact the lead clinicians if needed. There is a good team spirit. The GPs and nurses support each other" and "The nursing director is often seen on the shop floor working when we need support". Staff told us they would have no hesitation to speak to senior staff if anything was troubling them as they knew they would be supported. We were told by staff they felt the senior managers valued them all individually for their role within the centre and they were all encouraged to fulfil their potential with support of the management.

New staff received an induction programme in order to familiarise themselves with the service. This included working through the organisational policies and procedures and shadowing other members of staff. Training packages were available for all grades of staff including trainee GPs who accessed the service as part of their training. Provision of induction training helps ensure staff receive consistent information in relation to the day to day running of the service.

The service currently supported GP's who were completing their training. There was a robust process for these GP registrars to gain experience whilst being fully supported and supervised within the clinicl area.

Staff had access to a range of policies and procedures which were kept up to date. We looked at several of the policies and saw that they were comprehensive and covered a range of issues such as medicines management, complaints, safeguarding and business continuity. The policies and procedures were available to staff on line within the 'hub' and staff told us that any changes were notified to them via email. This meant staff had access to current guidance to support them in their work.

GP performance was reviewed by the medical director. We were advised that this was carried out via a system of audits of patient records and feedback.. We were advised by the medical director of action that would be taken when there were concerns regarding a GP's performance. This provided assurance that performance of the GPs was kept under review and action would be taken as necessary to improve the service patients received.

Are services well-led?

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

We saw that new staff employed by the service received supervision meetings monthly with senior staff in which their performance was reviewed. Supervision and coaching was formally carried out during this time and meetings looked at the member of staff's suitability to the role, team working, capabilities, punctuality, conduct and reliability. Supervision meetings helped to identify any staff issues early on in the member of staff's employment so that any necessary action could be taken to improve performance.

Following induction all staff continued to receive supervision and coaching on a regular basis and this could be arranged at the staff members request outside of their usual sessions. Staff took an active part in the appraisal process where they were asked for their personal aspirations and achievements, these were included in the documents we were shown.

We saw minutes of regular staff, governance and quality meetings with information disseminated from the monthly board meetings at this time. This told us staff were fully involved informed of issues relating to the running of the practice.

Staff had attended in the days prior to the inspection an annual staff training day where staff were updated on changes and given specialist training on topics relevant to their roles. Attendance was mandatory and staff told us they enjoyed the day as they learnt what was happening across the company not just in their own area. They particularly enjoyed the scenario based training on the day as they felt it gave them the opportunity to 'make a mistake' whilst being reassured that the mistake would not be detrimental to patients.

Staff told us they felt the management were approachable and supportive and could be relied on to support staff when needed and they would not hesitate to discuss topics both personal and professional with the senior team.

We saw that a health and safety risk assessment had been undertaken of the service. This clearly stated the nature of the risk and what measures had been put in place to minimise the risk in the future. Where further action to minimise risk had been identified we saw that this had been actioned. We saw the risk register was updated at every governance meeting with new risks and actions taken to mitigate the risks. We were assured all staff understood risk management and were fully involved in mitigating risk within the service.

The senior management team encouraged staff at all levels to focus on quality for patients by empowering them to take responsibility for their part in the patients journey through the service. They encouraged staff to feedback on any changes they thought would benefit the service. This was done electronically and senior staff replied to the comments raised and explained a way forward with the suggestion. Staff told us they felt they could influence the service by using this means of feedback and even if the suggestion had been made before they got a reply thanking them and outlining what had been discussed with the previous suggestion.

There was a clear focus on clinical excellence and a desire to achieve the best possible outcomes for people. The service operated an 'open culture' and actively sought feedback and engagement from staff all aimed at maintaining and improving the service.

Shropdoc had recently embarked on a 'Foundations Improvement Science in Healthcare' (FISH) programme for continuous quality improvement within the service. FISH is a blended learning toolkit designed to develop capacity in healthcare process design and improvement whilst creating a LEAN working environment.The LEAN process is concerned with creating more value for customers with fewer resources Senior staff told us they had had to totally change their focus on what they felt was their biggest pressure on the service when they first started this programme. They had been mistaken and now had a more focused approach the process whilst not affecting the quality of their care to patients. 20 staff from all areas of the service had been registered to take part in the FISH process with the opportunity for more staff to join as the process continued. It was the vision of the senior team that all staff would be registered and take an active part in reshaping the service to provide safe, high quality care to patients accessing their service.

Staff comments included;

- "I love with this job. I feel really well supported."
- "Very good organisation to work for. Transparent and open and always willing to listen to you regardless of other pressures they have."
- "Good place to work, progressive, caring and always open to new challenges."

Are services well-led?

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

- and“As a professional I can honestly say this is the best job ever. I have never worked where I am valued as much as here. The senior team are friendly and I never feel uncomfortable in their presence”.
- Staff all spoke in positive terms about working for Shropdoc, discussing the high quality management and the support and training they received to enable them to deliver high quality, safe care.