

# Trafford Health Centre

## Quality Report

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

### Ratings

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Outstanding</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Trafford Out of Hours GP Service (Part of Mastercall Healthcare) on 6 March 2017. Overall the provider is rated as good.

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

- The provider demonstrated an open and transparent approach to safety; and a clear cohesive system was in place for reporting, recording and providing feedback on significant events, identified risks, near misses, patient complaints and safeguarding referrals.
- The Quality and Safety Team held profiles relating to identified risks, complaints, significant events and safeguarding referrals. Risk 'champions' had been identified amongst the workforce to encourage high levels of reporting amongst staff.
- The service was monitored against the National Quality Requirements (NQRs) and Key Performance Indicators (KPIs). The data provided information to the

provider and commissioners in relation to the level and quality of service being delivered. Where variations in performance were identified, the reasons for these were reviewed and action plans implemented to improve the service.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff received appropriate training and updating which provided them with the skills, knowledge and experience to deliver effective care and treatment.
- Performance monitoring processes were in place. Clinicians received weekly audits of their clinical practice using the Royal College of GPs (RCGP) urgent care tool the 'Clinical Guardian' system.
- The provider had developed in-house software to support individual 'My Performance' reports which benchmarked individual clinicians against their peers in relation to assessment outcomes, for example in relation to percentage of patients who received telephone advice, or who attended treatment centres or hospital.

# Summary of findings

- Following initial assessment by NHS111 service, patients were triaged by clinicians at International House and offered telephone advice, a face to face appointment at Stockport or Trafford; or a home visit, in accordance with the disposition (outcome) of the assessment.
- Information about services and how to complain was available on the provider website and in house at treatment centres. Complaints were investigated and patients received an apology and explanation of actions taken as a result of their complaint.
- Staff had access to safeguarding policies and procedures and received training appropriate to their role. Staff demonstrated their awareness of their safeguarding responsibilities in relation to vulnerable children and adults; including frequent callers to the service.
- Vehicles used to transport GPs to home visits were clean, well maintained and appropriately equipped. Patient Transport Services were available for those patients without transport, who needed to access a treatment centre
- There was a clear leadership structure within the organisation. Staff we spoke with described feeling supported by immediate and senior managers.
- The provider proactively sought feedback from staff and patients, and acted on this feedback.
- There were systems in place to provide integrated person-centred care. Staff had access to information relating to end of life care through the use of Special Patient Notes, EMIS viewer and Electronic Palliative Care Co-ordination System (EPaCCS).
- The provider was aware of, and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- The provider was the first out of hours service to be awarded 'Daisy' accreditation, which originated from the National Dignity Council, and had been adopted by Community Healthcare Trusts for Tameside, Glossop and Stockport; for dignity in care. Dignity champions had been identified throughout the service to reinforce this approach.

However the provider should:

- Improve uptake of annual appraisals, particularly in relation to nursing staff.
- Continuously monitor, review and develop action plans in relation to their performance against National Quality Requirements.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The provider is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. The quality and safety team held detailed profiles relating to significant events and safeguarding referrals.
- Lessons were shared to make sure action was taken to improve safety in the organisation. The provider made use of external peer review of significant events to facilitate an open culture and enhance learning.
- The provider had systems in place to ensure that staff working at Mastercall out of hours service were appropriately recruited and vetted to ensure their eligibility and suitability for their role. We saw that medical indemnity was checked for all GPs and was reviewed annually. The total number of hours worked by GPs was also monitored to ensure that excessive hours were not undertaken.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The provider had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed. The Risk Management Committee oversaw risk assessments and maintained the risk register. Risk champions had been identified amongst the workforce to embed a risk management culture at all levels.
- The provider had good systems in place for medicines management. Effective systems were in place to monitor the use of prescriptions. Prescribing patterns of clinicians were closely monitored to ensure compliance with National Institute for Health and Care Excellence (NICE) guidelines.
- Vehicles used to take clinicians to patients' homes for consultations, and those used to transport patients to appointments at treatment centres were well maintained, cleaned and contained appropriate emergency medical equipment and medicines.
- Emergency equipment was shared with the co-located Trafford Urgent Care Centre. This was maintained and checked by Urgent Care Centre staff.

# Summary of findings

## Are services effective?

The provider is rated as good for providing effective services.

- Data from the National Quality Requirements (NQRs) and Key Performance Indicators (KPIs) showed the provider outcomes were in line with national averages.
- We saw that systems were in place to ensure all clinicians were up to date with NICE guidance, as well as other locally agreed guidance.
- Staff were equipped with the skills, knowledge and experience to deliver effective care and treatment.
- Staff received weekly audits of their consultations, calls and prescribing activity. Staff were assessed using the 'Clinical Guardian' system. Following audits, staff were given feedback on their performance, with indicators of where improvement needed to be made. 'My Performance' feedback provided feedback benchmarked against peers in relation to assessment outcomes.
- The provider undertook ongoing audits of prescribing activity to demonstrate that patients received appropriate treatment.
- A system of appraisals and personal development plans were in place for staff employed by the service. We saw evidence that 72% of nursing staff and 96% of operational staff had received an appraisal in the previous year.
- Staff received training and updates relevant to their role, and systems were in place to monitor update of mandatory training for all staff.
- The service worked closely with the patients' own GPs and other healthcare providers. Information was shared between these and the out of hours service.

Good



## Are services caring?

The provider is rated as outstanding for providing caring services.

- Data showed that patients rated the service similar to others in relation to the care and treatment they received.
- Patients told us they were treated with dignity and empathy. They told us staff were helpful and caring; and they felt satisfied they were involved in decisions about their care and treatment.
- In line with Accessible Standards guidelines, information for patients about the service was available and easy to understand.
- We saw and heard staff treated patients with kindness and respect during telephone and face to face interactions. We saw that patient confidentiality was maintained.

Outstanding



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- Patient transport services were available to provide transport to treatment centres where patients did not have access to their own transport.
- The provider gave examples where their staff had 'gone the extra mile' to help patients in need, when regular services were not immediately available.
- The organisation had received 'Daisy' accreditation for dignity in care. Dignity champions were identified to raise staff awareness of this approach in all aspects of patient care.

## Are services responsive to people's needs?

The provider is rated as good for providing responsive services.

- The provider had recently appointed a communications and engagement lead who was developing a new communication and engagement strategy. The service was endeavouring to establish regular interface with patients. We saw that all patients were contacted following their contact with the service, in order to elicit their feedback in relation to the care they had received.
- The service collated Friends and Family Test data and reviewed information provided by Healthwatch in order to evaluate and improve patient care.
- The service understood the needs of the population it served, and engaged with relevant Clinical Commissioning Groups (CCGs) to provide services which were responsive to the needs of their population.
- Plans were shared with patients' own GPs and the out of hours service for those patients with complex needs, including people with long term conditions and complex physical and mental health needs. Special Patient Notes, Electronic Palliative Care Co-ordination System (EPaCCS) and electronic patient notes were available to staff to help in proactively managing care for these patients.
- Patients said they were offered appointments at a time and location which was convenient to them.

Information about how to complain was available and easy to understand. Evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



# Summary of findings

## Are services well-led?

The provider is rated as good for being well-led.

- The provider had a clear set of aims and objectives which included to provide safe and accessible care with patients, and to ensure patient safety and dignity was respected at all times. Staff were clear about the organisation's objectives; and their responsibilities in relation to these.
- There was a clear leadership structure and staff told us they felt supported by immediate and senior management.
- The provider had a range of policies and procedures to govern activity. Regular Quality and Safety meetings were held.
- There was an overarching governance and performance management framework which supported the delivery of the aims and objectives. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The senior management team encouraged an 'open door' policy. The service had systems in place to record and manage safety incidents, and ensured this information was shared with staff, and any necessary action was taken.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.



# Summary of findings

## What people who use the service say

Results from the national GP patient survey results published in July 2016 (collected during July to September 2015 and January to March 2016) showed that patient satisfaction with how they could access care and treatment from their out of hours service was generally higher than the average for England. For example:

- 72% of patients in Stockport and 60% of patients in Trafford felt they received care quickly from their out of hours service, compared to the England average of 62%.
- 93% of patients in Stockport and 91% of patients in Trafford said they had confidence and trust in the out of hours service clinician they saw or spoke to, compared to the England average of 90%.
- 77% of patients in Stockport and 75% of patients in Trafford described their experience of the out of hours service as good overall, compared to the England average of 70%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards at Trafford Out of Hours Centre which were mostly all positive about the standard of care received. Comments included “respectful and efficient” “very good”. Staff were cited as “kind and considerate”. Some comments noted that signage to the correct department was not clear; others that they had waited a long time to be seen. These experiences however had not detracted from the overall satisfaction with the service received.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We saw Friends and Family Test results for Mastercall Out of Hours Service. These showed that between December 2015 and October 2016, 94% of the 68 responses were likely or extremely likely to recommend the service to friends and family.

## Areas for improvement

### Action the service SHOULD take to improve

- Improve uptake of annual appraisals, particularly in relation to nursing staff.
- Continuously monitor, review and develop action plans in relation to their performance against National Quality Requirements.

## Outstanding practice

- The provider was the first out of hours service to be awarded ‘Daisy’ accreditation, which originated from the National Dignity Council, and had been adopted by Community Healthcare Trusts Tameside, Glossop and Stockport; for dignity in care. Dignity champions had been identified throughout the service to reinforce this approach.

# Trafford Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser with experience of out of hours services and two further CQC inspectors

### Background to Trafford Health Centre

Trafford Out of Hours Service is part of Mastercall Healthcare Limited. International House is the governance and administrative centre for the organisation. Mastercall Healthcare is a social enterprise organisation established in 1996, formed from the Stockport Doctors' Co-operative.

The organisation provides a range of services across the North West of England, covering a population of around three million. Mastercall provides urgent out of hours telephone advice, treatment at treatment centres via an appointment system, and home visits to patients when appropriate.

Following patient assessment by NHS 111, patients are contacted by clinicians at Mastercall International House, and appointments made to attend Stockport or Trafford treatment centres. Trafford Out of Hours Service from 6.30pm until 11pm Monday to Friday and from 6.30pm Friday to 8am Monday morning.

Mastercall also provides the following services:

- Walk in centre co-located within the Urgent Care Unit at Trafford General Hospital

- A GP practice at Trafford Health Centre with around 4,000 registered patients
- Dental helpline services
- Trafford care co-ordination service
- Community intravenous therapy service
- Alternative to transfer service
- GP/Advanced Nurse Practitioner service for the 'Wellspring' homeless hostel
- Patient transfer service.

Our inspection focused on the GP out of hours service only.

Mastercall had access to 85 GPs, 18 nursing staff, of whom seven are triage nurses; seven are minor injuries nurses and four advanced nurse practitioners. In addition there are 16 administrative staff, including non clinical call handlers; and four drivers across the two out of hours sites.

In 2016 Mastercall out of hours service carried out around 70,000 patient contacts. Of these, approximately 50% were telephone advice; 39% attended treatment centres (of which around 2% were provided with patient transport), and 11% received home visits.

Mastercall out of hours service operates from the following locations:

- International House, Pepper Road, Hazel Grove, Stockport SK7 4BW
- Trafford Out of Hours Service, Trafford General Hospital, Moorside Road, Davyhulme, Manchester M41 5SL.

At the time of our inspection the provider was in the process of transferring the Trafford Out of Hours service from Trafford Health Centre to Trafford General Hospital. The new premises were co-located with Trafford Urgent

# Detailed findings

Care Centre. The service was being delivered from temporary accommodation at the time of our visit. We were told the move would be fully completed by the end of the week in which we visited.

Mastercall provides the GP out of hours service for NHS Stockport CCG and NHS Trafford CCG.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the provider and asked other organisations to share what they knew. We carried out an announced visit to Mastercall OOH service on 6 and 7 March 2017. During our visit we:

- Spoke with members of the Mastercall clinical board and executive team.
- Spoke with a range of clinical and non-clinical staff including GPs, nurses, managers, communications and engagement lead, drivers and other non-clinical staff.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed a range of information made available to us.
- Reviewed patient comment cards where patients shared their views and experiences of the service.

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff completed the electronic recording form to report incidents, near misses, complaints and safeguarding referrals. Staff described how they received feedback on the outcome of incidents in a timely way. The incident reporting form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw the provider had produced a patient information leaflet describing the scope and responsibilities of the service under the requirements of duty of candour.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Incidents were discussed at the monthly Quality and Safety Committee. We saw that lessons learned arising from incidents were disseminated to all staff, including sessional workers, via the staff newsletter, Quality and Safety newsletter or via 'Clinician Thought of the Week' on the internal intranet system.
- Significant events were subject to external peer review, provided by another out of hours provider to enhance learning.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the organisation. For example, during a period when cover was being provided for five local practices during protected learning time, a patient with mental health problems had been assigned an appropriate priority during telephone assessment by a non-clinical call handler. However the call had not been handed over to a clinician within the recommended timescale. This led to a delay in the person in question receiving appropriate care and treatment. As a result the

individual staff member received specific feedback; the organisation introduced annual priority guidelines training for non-clinical call handlers. In addition laminated guidance was provided detailing priority guidelines to use when taking calls. Learning was shared via the Quality and Safety newsletter, and all clinical staff were alerted to the possibility of this scenario occurring.

### Overview of safety systems and processes

The provider had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff via the internal computer system. Paper copies were also available in clinical rooms. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The medical director attended safeguarding meetings when possible, and reports were provided when necessary for other agencies. We saw that between January and December 2016, eight safeguarding referrals had been made from the Trafford site; six safeguarding concerns relating to adults, and two relating to children. All safeguarding referrals were also recorded on the incident reporting system to ensure these were monitored. A review was undertaken on a weekly basis to identify any outstanding issues and also provided an auditable trail of actions taken. Quarterly safeguarding reports were submitted to Mastercall governing body, and an annual report was produced. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinicians were trained to child safeguarding level three. Other staff received training to level one. We saw evidence that systems were in place to closely monitor the uptake of child safeguarding training for all levels of staff. Vulnerable adults training, including deprivation of liberty safeguards (DOLS) was also available to staff. The provider told us that trainers had been appointed to deliver 'Prevent' training to staff. The 'Prevent' strategy is a national initiative aimed at helping professionals identify those individuals at risk of radicalisation.

## Are services safe?

- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw that signage was present throughout the patient areas advising that chaperones were available if required. Drivers had also been trained to act as chaperones in the event of one being required during a home visit. Clinicians recorded the presence of chaperones during medical examinations. The clinical system provided a 'pop up' box reminding clinicians to record this information.
- Appropriate standards of cleanliness and hygiene were maintained. We observed the premises to be clean and tidy. The Advanced Nurse Practitioner (ANP) acted as infection prevention and control (IPC) lead across both out of hours locations; and liaised with local IPC teams to keep up to date with best practice. There was an IPC policy in place and staff had received appropriate training. Annual IPC audits were undertaken. During the inspection we looked at two vehicles used to take GPs to consultations in patients' homes. We also looked at a patient transport vehicle used to transport patients to treatment centres when they did not have access to their own transport. We saw these were clean and well maintained. Driving staff told us they cleaned the vehicle before each shift. Personal protective equipment, including gloves, sanitising wipes and sharps boxes were in use. Driving staff also received IPC training
- There were thorough and comprehensive arrangements for managing medicines within the service, including emergency medicines and controlled drugs. We saw that emergency medicines were stored within a sealed pack which assured the clinician that all necessary medicines were included prior to the commencement of a shift. Upon replenishing these packs, they were sealed once again ready for the next use. This supported a clear auditable trail of which medicines were used, and by which clinician. The medicines management team were responsible for checking all medicines, including controlled drugs (CDs) on a weekly basis. A system of 'colour coding' medicines had been introduced to facilitate easy identification of medicines approaching their expiry date. CDs were stored in a locked cupboard.

Where CDs were transported in cars for home visits these were kept within a safe secured within the vehicle. There were also appropriate arrangements in place for the safe destruction of controlled drugs.

- Prescription pads were securely stored. The medicines management team were responsible for the control and security of blank prescriptions and ensured they were recorded when issued or replenished back into stock. This system enabled all prescriptions to be safely tracked.
- The service carried out monthly prescribing audits and individual clinicians were given feedback on their prescribing patterns, for example in relation to antibiotic prescribing, to ensure that NICE guidance was followed.
- Recruitment information showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The provider checked that GPs were on the performers' list and had medical indemnity arrangements in place. Medical indemnity arrangements were reviewed annually. We saw that systems were in place to monitor the total number of hours worked by GPs, including any other roles they undertook, to ensure that excessive hours were not worked. Medical indemnity costs were covered by the provider for salaried GPs. Nursing and other clinical staff were covered under the provider's medical indemnity arrangements.
- Comprehensive Patient Group Directions (PGDs) had been adopted by the provider to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply and administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The provider had a variety of risk assessments in place to monitor safety of the premises, such as fire risk, control of substances hazardous to health (COSHH), legionella and the testing of electrical and clinical equipment.

## Are services safe?

- Risk champions had been introduced to the service in March 2016. Badges were worn to identify who they were. Their role was to help embed risk management culture within the organisation at all levels. They were responsible for carrying out risk assessments within their own departments and reporting findings via their line manager. If appropriate these risks were reviewed by the risk management committee.
- The management team were responsible for planning and monitoring the number of staff needed to meet patient need. The data analyst and SITREP group (operational and clinical staff meeting) reviewed staff activity and patient demand against the National Quality Requirements.
- During times of unexpected surge in demand a small number of GPs were available to deal with calls from home. The service also had access to additional resource at short notice from their 'bank' of clinicians.

### **Arrangements to deal with emergencies and major incidents**

- We saw that all staff received annual basic life support training. Emergency resuscitation equipment including a defibrillator was available on site. Cars used to transport GPs to consultations in patients' homes also contained a defibrillator and oxygen. Emergency medicines were accessible to staff. We saw that medicine stocks were in date and fit for use.

The provider had a comprehensive business continuity plan in place which was accessible to all staff. This contained detailed information on the actions to be taken in specific circumstances, such as the loss of electronic systems or escalating patient demand. The plan contained the emergency contact numbers for staff and appropriate contractors.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The provider had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The Quality and Safety committee identified relevant updates from NICE; and policies, procedures and clinical standards were updated accordingly.
- Clinical staff were able to access the British National Formulary (BNF) and Toxbase (data base relating to poisons, overdoses and medicines interactions). BNFs had been provided for all prescribers, and were available in vehicles.

### Management, monitoring and improving outcomes for people

The provider was monitored against the National Quality Requirements (NQRs) for out of hours providers that capture data and provide a measure to demonstrate that a service is safe, clinically effective and responsive. The provider had an obligation to report on these to the Clinical Commissioning Groups (CCGs). We looked at the NQR data for the service and found that where there had not been full compliance with KPI targets, these were reviewed and discussed at committee and board meetings, and actions put in place to address any identified issues when possible.

There was evidence of ongoing and continuous quality improvement, including prescribing and medicines audit.

Each clinician received a weekly audit of clinical performance via the 'Clinical Guardian' system. In addition prescribing audits were undertaken monthly to identify prescribing trends. This enabled the provider to identify any prescribing patterns or aberrations which were not in line with best practice.

We saw evidence that the provider had reduced the percentage of inappropriate prescribing of antibiotics, such as co-amoxiclav and cephalosporin. The provider showed us their most recent audit which showed that 78% of such

prescriptions had been appropriate at the Stockport site, whilst 100% of such prescriptions had been appropriate at the Trafford site. Co-amoxiclav and cephalosporin are antibiotics used to treat certain bacterial infections. Unnecessary use of these medicines can lead to bacterial resistance.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- We saw evidence of comprehensive induction packs according to job role. This covered topics such as information governance, confidentiality, safeguarding, infection prevention and control and fire safety. We saw evidence that staff completed an induction and probationary period appropriate to their job role. Agency staff were engaged to supplement regular staff during times of additional pressure, such as the winter time. Between January and December 2016 agency staff had accounted for 4% of overall staff cover. We saw that these staff were also provided with an orientation/ induction pack.
- The provider had a mandatory training programme covering topics such as basic life support, safeguarding children and adults and information governance. Where GPs were employed on a sessional basis the provider required them to provide evidence of training undertaken in other roles, or they were required to access training internally via Mastercall's e-learning systems.
- The learning needs of staff were identified through ongoing assessments and meetings, including feedback from the RCGP 'Clinical Guardian' audit tool. The Clinical Guardian is an online database which provides a governance and auditing role; and maintains individual staff details such as appraisal details. Employed staff received an annual appraisal. We saw evidence that 72% of nursing staff and 96% of operational staff had received an appraisal in the previous year. Appraisals included personal development plans for staff. Internal training workshops were provided, or staff had access to e-learning training packages to accommodate their needs.

# Are services effective?

## (for example, treatment is effective)

- Following a recent CCG ‘walkabout’ carried out at the Trafford site in June 2016 the provider had responded to recommendations to develop systems for nurses across the organisation to access clinical supervision sessions, including reflective feedback.
- All clinical staff were audited on the quality of their clinical practice, including face to face and telephone consultations; and received monthly productivity and performance reports. Upon appointment, 100% of contacts were audited, reducing to 10% and then 5% as their experience grew. The number of audits being undertaken could be escalated if concerns or themes were emerging. The service was making good use of evidence available from the Clinical Guardian tool to oversee individual staff performance.
- A minimum of two calls per month were audited for all non-clinical call handlers. They received feedback on their performance in a monthly communication via the the ‘Adastra’ system.
- Drivers were required to undertake a driving assessment on appointment. They completed an annual declaration of their driving licence status, which was cross referenced with the Driver and Vehicle Licensing Agency (DVLA).
- All newly appointed staff were required to complete a health questionnaire, which included reviewing the uptake of immunisations, such as Hepatitis B and Measles, Mumps and Rubella (MMR). Occupational health and staff counselling services were available if required.
- All the staff we spoke with told us they had received a thorough induction on appointment, and were able to access ongoing training and development opportunities. Although most staff were unable to attend staff meetings due to their work pattern, they felt they were kept informed through staff newsletter, Quality and Safety newsletter, or ‘Rota Master’ the internal intranet system.

### Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the electronic patient record, Special Patient Notes and the Electronic Palliative Care Co-ordination System (EPaCCS).

- Systems were in place to ensure that the information following consultation at the out of hours service was sent to the patient’s own GP by the time the practice opened the next working day.
- The provider shared relevant information with other services in a timely way, and worked with other health and social care providers.
- Staff were able to provide ‘live’ feedback to the NHS 111 service where there were identified errors/omissions in their assessment processes.
- Staff had access to intermediate care nurses and social care staff up to 10pm when a need for short term urgent social care packages were identified.
- The Rapid Assessment Interface and Discharge (RAID) service was available for staff to refer patients who presented with acute mental health difficulties to a dedicated support service which operated 24 hours a day.
- Staff were able to make safeguarding referrals directly onto the internal electronic system. Incidents, complaints and patient feedback was also collated onto this system. This enabled the Quality and Safety team to identify trends and produce bespoke reports on the performance of the service. Staff received feedback on referrals or incidents, including actions taken, when the episode was completed and closed.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw that staff had access to DOLS training. The provider was planning to seek ‘Dementia Friendly’ accreditation. Staff were able to provide examples from practice which demonstrated their understanding of safeguarding issues for vulnerable adults and children. Special Patient Notes held on the ‘Adastra’ electronic system recorded the wishes of patients in relation to care and treatment decisions. The EPaCC system was also in use; and with patient consent staff had access to GP record summaries via the electronic patient record.

### Health Promotion and Prevention



## Are services effective? (for example, treatment is effective)

We observed that various health information and leaflets were available on site for a range of health promotion information relevant for different age groups, for example cancer awareness, smoking cessation and domestic violence support services.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients. We saw that they were spoken to in a respectful manner.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The organisation was able to provide transport for patients unable to attend a treatment centre independently.
- At the time of our inspection the out of hours service was in the process of transferring into new accommodation in Trafford General Hospital, co-located with Trafford Urgent Care Centre. This meant that patient accommodation was limited. Staff told us that once the new premises were fully open a private room would be available to accommodate patients thought to require isolation for infectious reasons; or for those patients who appeared distressed and required a private room to discuss their needs with reception staff if required.
- The provider had achieved 100% in their 'DAISY' dignity in care accreditation. Dignity in care champions had been appointed throughout the service to raise staff awareness and reinforce this approach. The provider had been the first out of hours service to be awarded 'Daisy' accreditation led by the National Dignity Council, and adopted by Community Healthcare Trusts for Tameside, Glossop and Stockport; for dignity in care. The core values of DAISY are to keep the concept of dignity paramount in all interactions with patients. In our discussions with staff, we saw that staff had a good understanding of the ethos of the approach, and confirmed that it informed all interactions with patients, either on the telephone or in person.

We were unable to speak directly with patients on site during the inspection, however almost all of the 16 patient

Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt staff were friendly and ready to help. The service was described as "reassuring and a pleasure".

The provider gave examples of where staff 'went the extra mile' for patients. For example, ensuring that patients received prescriptions if they did not have access to transport. Another example was given where staff had attended a patient's home in their own time after their shift in order to provide immediate personal care when statutory services were unable to accommodate their needs.

### Care planning and involvement in decisions about care and treatment

Staff told us that telephone interpreter services were available for patients who did not have English as a first language. In addition British Sign Language (BSL) interpreters could be accessed; and 'type talk' services were available for patients with hearing difficulty. A hearing loop was available on the premises; and notices in consultation rooms advised that information could be provided in large font, or braille if required.

Clinicians made use of Special Patient Notes (SPNs) or information provided via the electronic patient record from the patient's own GP during consultations. SPNs are a way in which a patient's own GP is able to raise awareness about their patients who may need to access the out of hours service, such as those nearing the end of life, or those patients with complex care needs. SPNs recorded patients' wishes in relation to their care and treatment.

### Patient and carer support to cope emotionally with care and treatment

We found the service to be sensitive to patients' needs and they worked proactively to deliver care which supported those needs.

The provider carried out 'comfort calling' to patients whose call had exceeded the KPI for clinical call back for assessment. This involved a telephone call to check there had been no deterioration or change in the patient's condition since their original call. The service also had access to support from the intermediate care team until



## Are services caring?

10pm when patients were in need of short term urgent health and social care services. The RAID service was able to provide support to those patients presenting with urgent mental health difficulties.

The provider told us that where there had been a failed contact, three further attempts were made to contact the

patient. After this, a decision was made on an individual basis about the next steps to take. In some cases social care or the police were asked to carry out home visits to check the wellbeing of the patient.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The provider worked with the local Clinical Commissioning Groups (CCGs) to plan services and improve outcomes for patients in the area. Clinical governance issues were addressed by the Quality and Safety committee. This information was fed back to the CCG as part of regular performance monitoring meetings. The provider reviewed the needs of its local population and engaged with NHS England and CCGs to secure improvements to services where these were identified. For example, in response to pressures on local accident and emergency services the provider had modelled an ambulatory illness service within the hospital; which we were told had been able to manage 42 patient contacts in one day without the need for the patient to be seen by the accident and emergency department.

Services were planned and delivered to take into account the needs of different patient groups to help provide flexibility, choice and continuity of care.

- Following initial telephone triage by NHS 111, clinicians from Mastercall contacted patients and confirmed the most appropriate treatment option in line with the outcome of their assessment. Patients were given advice over the telephone to manage their condition if appropriate, or appointments were available at one of two treatment centres in Stockport and Trafford. Home visits were carried out when necessary by a GP; or patient transport was provided to transport patients to and from appointments at treatment centres if they did not have access to their own transport.
- We saw that children or older people identified as vulnerable were given priority for treatment.
- Telephone interpreter services were available for patients whose first language was not English.
- Text type interpreter services were available for patients with hearing impairment.
- Notices in clinical rooms advised patients that large font information was available, or that information could be provided in braille if necessary for those patients who were visually impaired.

- Systems were in place to electronically record additional information for patients with complex health or social care needs. This information was available to staff at the time the patient or their carer contacted the service. This enabled staff to safely assess the needs of these patients.
- Special patient notes or EPaCCSwere used to record relevant information for patients, such as patients known to be violent; or with other vulnerability factors, such as those patients approaching the end of life.

### Access to the service

International House out of hours service is open from 6.30pm to 8am Monday to Friday, and 24 hours on weekends and bank holidays.

Patients accessed the out of hours service by contacting the NHS111 service.

Calls from NHS111 were received, assessed and triaged by trained staff including doctors, nurses and advanced nurse practitioners. Patients who needed to be seen were allocated an appointment at one of two locations or allocated a home visit. Patients were also able to receive a telephone consultation with a clinician.

The provider's performance data for Stockport showed:

- 100% of OOH consultations were reported to the patients' own GP by 8am the following working day (a RAG rating of green throughout the year) RAG (Red Amber Green ratings provide status reports based on the Red, Amber and Green colours used in a traffic light rating system. They help to provide an overview of overall performance).
- 100% of life threatening conditions were acted upon within three minutes (RAG rating of green).
- For 2016/17 RAG ratings of red were recorded for call back by a health professional within 30 minutes; scores of 82% for quarter one, 76% for quarter two, 83% for quarter three and 79% for quarter four.
- For 2016/16 RAG ratings of green were recorded for call back by a professional within 60 minutes in quarter one (97%), amber in quarter two (95%), green in quarter three (95%) and amber in quarter four (90%).

The provider told us that daily dashboards were in use displaying activity levels; and all breaches were

# Are services responsive to people's needs?

(for example, to feedback?)

investigated and discussed at weekly SITREP meetings, looking at shift reports, rotas and breaches. They told us that reductions in staffing due to changed commissioning arrangements had impacted on results. They told us they had introduced a system of colour coding to help clinicians identify more urgent calls. Clinicians and other staff monitored the calls continuously to enable higher priority calls to be dealt with efficiently. The provider gave evidence to show that improvements in performance had been improved after these changes had been introduced. For example in relation to contacting the GP or other local service within two hours results had improved from 87% (RAG rating of red) in December 2016 to 97% (RAG rating of green) in January 2017. The provider told us they continued to monitor performance closely to see how changes made in January 2017 were impacting on performance elsewhere. All breaches were discussed with commissioning CCGs at regular contract performance monitoring meetings. The provider told us the commissioners were satisfied with the approach Mastercall was taking.

## **Listening and learning from concerns and complaints**

The provider had an effective system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for out of hours GP services in England.

There was a designated person who handled all complaints to the service.

Information about how to complain was on the organisation's website, and complaints leaflets were available on site at treatment centres.

The provider had received 35 complaints across both locations in the previous 12 months. We looked at a sample of these and found they had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example a patient had been prescribed a course of antibiotics for seven instead of 10 days. As a result a full investigation was carried out. The clinician in question received direct feedback on local and national prescribing guidelines. Learning from this incident was shared with all clinicians via 'Clinical Thought of the Week' on the internal intranet.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The provider had a clear vision to provide patient centred, innovative safe and effective care to patients. Their aims and objectives were identified in their Statement of Purpose (SOP) which was provided ahead of the inspection. These included to deliver high quality integrated care services designed around the patient, to have a focus on services and care delivered closer to home, and to challenge and encourage partners and staff to drive improvements in services and performance.

Staff we spoke with told us they were proud to work at Mastercall. They demonstrated their understanding of their role in relation to the organisation's aims and objectives.

There was a strategic plan in place to be an employer of choice, to use resources effectively and efficiently, and to be a key stakeholder in the local community.

### Governance arrangements

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

- There was a strong and clear management structure in place. Staff were aware of their own roles and responsibilities. Staff were facilitated to continually update and develop their skills.
- Provider specific policies were implemented and were available to all staff electronically across both locations.
- A programme of continuous clinical and internal audit was in place and was used to monitor quality and make improvements.
- A programme of appraisal, clinical supervision and performance management was in place to maintain high levels of patient care.
- There were clear arrangements for identifying, recording and managing risks. Risk champions were in place to embed risk management culture throughout the organisation.

### Leadership and culture

There was a clear leadership and management structure in place. The executive team were supported by a board of non-executive directors. The management team

demonstrated their commitment to providing and maintaining a high quality service to patients. Staff we spoke with during the inspection confirmed this ethos was felt throughout the organisation.

During the inspection we were told the service encouraged a culture of openness and honesty. We saw that the provider was prepared to learn from incidents, complaints and near misses.

- The provider ensured that GPs were involved in revalidation schemes and accessed continuing professional development. We saw that working hours were monitored to ensure excessive hours were not worked. Medical indemnity arrangements were checked annually.
- Nurse revalidation was supported and workshops had been held to support the roll out of nurse validation requirements.
- The provider had responded to feedback from the CCG and developed a protocol for clinical supervision for nurses.
- Clinical staff received ongoing audit of their competencies.
- Non-clinical staff were supported by shift leads and operational leads.
- Staff told us they were kept informed of organisational issues via email, staff newsletter, Quality and Safety Newsletter or internal intranet system.
- The provider participated in the 'Perkbox' scheme. This encouraged staff to nominate colleagues for badges of recognition for example for 'going the extra mile' or 'nice one'. Staff who received the most badges in a month were given vouchers to spend in a local shopping centre.
- After one year of service staff were entitled to take their birthday as an additional days leave.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. We saw that a leaflet explaining this obligation to patients was available in treatment centres.

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

# Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. The provider had recently appointed a communications and engagement lead who was developing a new communication and engagement strategy. The service was endeavouring to establish regular interface with patients. We saw that all patients were contacted following their contact with the service, in order to elicit their feedback in relation to the care they had received. This feedback was reviewed and acted upon when necessary.

- Patients were encouraged to complete the NHS Friends and Family test, and the results were reviewed on a quarterly basis.
- Staff satisfaction surveys were carried out annually.

- ‘Survey Monkey’ had recently been launched in the service to elicit responses from staff in two to three key questions. This feedback was used to enable human resources to adapt their systems to better meet staff needs.

## Continuous improvement

The service was proactively working collaboratively with local services such as North West Ambulance Service (NWAS) to develop new service pathways, such as acute patient assessment services and alternative to transfer schemes. Mastercall was a member of the Viaduct Health Federation which sought to develop and innovate local health services.