

ELM Alliance Limited Extended Hours and Out of Hours service (known as the STAR service)

Quality Report

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Date of inspection visit: 9 November 2017
Date of publication: 22/12/2017

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

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Summary of findings

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced, comprehensive inspection of ELM Alliance Limited on 11 July 2017 and 12 July 2017. We identified six breaches of regulations and issued warning notices for three of the breaches. This focused inspection carried out on 9 November 2017 was to check whether the provider had taken steps to comply with the legal requirements for these three breaches. The three breaches of regulation we inspected against were for:

- Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and Treatment.
- Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safeguarding Service Users from Abuse.
- Regulation 17: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

The full comprehensive report on the July 2017 inspection can be found by selecting the 'all reports' link for Park Surgery – ELM Alliance on our website at www.cqc.org.uk.

This inspection was an unannounced focused inspection carried out on 9 November 2017 to confirm that the service had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 11 and 12 July 2017. This report covers our findings in relation to those requirements.

Our key findings were as follows:

Improvements had been made with respect to patient safety, effectiveness and leadership following our last inspection on 11 and 12 July 2017. For example:

- New processes had been put in place to report and manage significant events and safeguarding concerns.

- Patient safety and medicines alerts were being received, assessed and when necessary, actioned appropriately.
- Improvements had been made with regard to effective governance and management within the service. For example, training and recruitment records were centrally recorded and all staff received an induction to the service.
- Health and safety risk assessments were underway.

However, there were also areas of practice where the provider needed to make improvements:

The provider must:

- Ensure that entries of medicines are correctly and fully recorded in the controlled drugs' register.
- Check stock balances of controlled drugs on a weekly basis, in accordance with the provider's own policy, to ensure that amounts held reflect what has been entered into the controlled drugs' register.
- Ensure that quantities of medicines supplied are clearly indicated in records and on prescriptions.

The provider should:

- Have a system in place to check expiry dates of items on the emergency trolley.
- Replace, re-stock and re-order items which are found to have passed their expiry date, when undertaking checks of the emergency trolley.
- Document any learning points from significant events or incidents on the recording matrix used by the service.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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?

We found that the provider had taken steps to address the majority of the concerns we identified at the previous inspection carried out in July 2017. For example:

- Fire training had been implemented for all staff.
- Emergency equipment including a defibrillator and oxygen had been relocated to an accessible place for all staff.
- Health and safety risk assessments had begun to be implemented which were location-specific.
- Medicines management processes had improved with the exception of controlled drugs monitoring which was still not being undertaken in accordance with the provider's policy.
- We were unable to inspect the visiting out of hours' vehicle on the evening of 9 November 2017, as this was being used for home visits for the duration of our inspection.

Are services effective?

We found that the provider had taken steps to address the majority of the concerns we identified at the previous inspection carried out in July 2017. For example:

- NICE guidance and clinical updates were available to all staff via their intranet system. Hard copies of relevant information were also available at each location.
- The provider held records of staff training and development.
- An induction programme for all staff covered topics including fire safety, basic life support and information governance.

Are services caring?

We did not inspect this key question on 9 November 2017.

Are services responsive to people's needs?

We did not inspect this key question on 9 November 2017.

Are services well-led?

We found that the provider had taken steps to address the majority of the concerns we identified at the previous inspection carried out in July 2017. For example:

- Lessons learned from complaints and significant events were analysed by one of the GPs and learning points were circulated to all staff via a newsletter.

Summary of findings

- A culture of openness was being created. A team huddle meeting took place at the beginning of every shift where staff could voice any concerns they had. These were documented and responded to by managers.
- All staff were actively encouraged to report incidents, and received a response when they did so.

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure that entries of medicines are correctly and fully recorded in the controlled drugs' register.
- Check stock balances of controlled drugs on a weekly basis, in accordance with the provider's own policy, to ensure that amounts held reflect what has been entered into the controlled drugs' register.
- Ensure that quantities of medicines supplied are clearly indicated in records and on prescriptions.

Action the service **SHOULD** take to improve

- Have a system in place to check expiry dates of items on the emergency trolley.
- Replace, re-stock and re-order items which are found to have passed their expiry date, when undertaking checks of the emergency trolley.
- Document any learning points from significant events or incidents on the recording matrix used by the service.

ELM Alliance Limited Extended Hours and Out of Hours service (known as the STAR service)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC lead inspector, a second CQC inspector, a CQC inspection manager and a CQC pharmacist specialist.

Background to ELM Alliance Limited Extended Hours and Out of Hours service (known as the STAR service)

As a response to some safety concerns raised with the Care Quality Commission, we undertook an unannounced inspection of ELM Alliance Limited on the evening of 11 July 2017 and 12 July 2017. ELM Alliance Limited is an independent health care provider commissioned by South Tees Clinical Commissioning Group (CCG) to operate the enhanced urgent care service (extended and out of hours service with appointments during the night) across South Tees. ELM Alliance, a not for profit federation of all independent GP practices, took over the operation on 1 April 2017, offering care to around 330,000 patients. The

service operates from 6pm until 8am every day. From 6pm until 9.30pm extended hours appointments are available at all four of the locations. At 9.30pm every evening the locations at North Ormesby and Brotton close. The Middlesbrough and Redcar locations continue to deliver services from 9.30pm until 8am every day, as the organisation operates as an out of hours service during these times. It offers urgent care appointments, as well as routine face-to-face and home visit appointments to patients who have been referred to it via their own GPs; or urgent care appointments by the NHS 111 service.

Park Surgery, Linthorpe Road, Middlesbrough TS1 is one of four locations used by ELM Alliance Limited to deliver the enhanced urgent care service across the South Tees area. The additional locations are at Redcar Primary Care Hospital, Hirsell medical Practice in North Ormesby and Brotton Hospital in Saltburn. On the evening of our inspection we visited the hub at Redcar in addition to Park Surgery. The service also has a vehicle which is used to transport clinicians to home visits during the night.

There are 113 staff members working for the provider, many of whom have a zero hours contract arrangement in place. These include 45 GPs, 25 advanced nurse practitioners, one emergency care practitioner, six treatment room nurses, ten health care assistants and 26 administrative staff.

Detailed findings

Locums are used on a regular basis, in addition to the contracted staff. Many staff carry out their duties from more than one of the registered locations.

Why we carried out this inspection

We undertook a comprehensive inspection of ELM Alliance Limited on 11 and 12 July 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The service was rated as inadequate. The full comprehensive report following the inspection in July 2017 can be found by selecting the 'all reports' link for Park Surgery - ELM Alliance Ltd on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of ELM Alliance Limited on 9 November 2017. This inspection was carried out to review in detail the actions taken by the service to improve the quality of care and to confirm that the service was now meeting legal requirements.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff (nurses, non-clinical staff and managers)
- Visited two (of the four) out of hours locations
- Looked at information the service used to deliver care and treatment plans.

However, we were unable to inspect the visiting car used at the out of hours service, on the evening of 9 November 2017.

Please note that when referring to information throughout this report this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

During the previous inspection of ELM Alliance Limited in July 2017 we found that the provider could not demonstrate that all services were being delivered and managed in a safe manner. We identified concerns in relation to risk management systems, some aspects of medicines management, and staff not having full access to key information and guidance. During this focused inspection, carried out on 9 November 2017, we found that improvements had been made to address the majority of these matters. Findings included:

Safe track record and learning

The service had established a system for reporting and recording significant events.

- Staff told us they would inform the head of operational management or GP lead of any incidents and there was a recording form available.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The service demonstrated that it carried out an analysis of the significant events, although the learning points were not completed on the record keeping system.
- We saw evidence that lessons were shared and action was taken to improve safety in the service.
- The service had begun to monitor trends in significant events. This was done by one of the GPs who sent out their findings in a monthly newsletter to all staff
- Events and incidents were discussed at clinical meetings, held weekly.

Arrangements for managing medicines

Arrangements for managing medicines were checked at the service. Medicines were issued at both the Redcar and Middlesbrough sites for people who required them out of hours.

- Emergency medicines were easily accessible to staff in both locations in secure areas and all staff knew of their location. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were in date and stored securely.

- The service held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), and had policies in place governing their management. Controlled drugs were stored in a controlled drugs cupboard and the keys held securely. However, we checked entries in the controlled drugs register and found they had not been made in accordance with the relevant legislation. For example, the name and address of the supplier had not been recorded for a supply received in September. For another person the quantity of one medicine supplied was not clear. In addition, staff did not routinely check stock balances of controlled drugs weekly in accordance with the service's policy to ensure the amounts held reflected what was recorded in the register.
- The service had a stock list that set out which medicines they should stock. We checked medicines stocks at the Park Surgery site and the Redcar site and found that systems were now in place to ensure that medicines were available in suitable quantities.
- The Redcar service had boxes which were used to stock the home visit vehicles. There was a system in place to check these boxes to ensure that they contained all the medicines on the stock list and they were in date.

Overview of safety systems and process

- The service had developed, and was beginning to embed, systems, processes and practices to minimise risks to patient safety.
- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies and other key information and guidance was available and accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP acted as the member of staff who managed safeguarding concerns.
- Staff interviewed on the evening of our inspection demonstrated to us that they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

Arrangements to deal with emergencies and major incidents

Are services safe?

- Storage of the defibrillator, oxygen and emergency equipment had been relocated to the reception area, making this more accessible to staff in an emergency. However, there was no robust system for checking expiry dates on equipment and we found some items to be out of date.

We saw evidence that regular fire drills and alarm testing were being carried out at the two locations we visited.

Are services effective?

(for example, treatment is effective)

Our findings

During the previous inspection of ELM Alliance Limited in July 2017 we found that the provider could not demonstrate that all services were being delivered and managed in an effective manner. We identified concerns in relation to service quality and improvement, effective staffing and supervision, and evidence based guidance and safety alerts. During this focused inspection, carried out on 9 November 2017, we found that improvements had been made to address these matters. These included:

Management, monitoring and improving outcomes for people

- NICE guidance and clinical updates were available to all staff via their intranet system. Hard copies of relevant information were also available at each location.

Effective staffing

- The service had an induction programme for all newly appointed staff and agency staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff.
- All staff had access to policies and guidelines which were available on the service intranet. In addition, hard copies of these were available in folders at each of the locations.

Are services caring?

Our findings

We did not inspect this key question on 9 November 2017.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We did not inspect this key question on 9 November 2017.

Are services well-led?

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

Our findings

During the previous inspection of ELM Alliance Limited in April 2017 we found that the provider could not demonstrate that services were being well-led. We identified concerns in relation to governance arrangements, leadership and oversight, acting on concerns and continuous improvement. During this focused inspection, carried out on 9 November 2017, we found that improvements had been made to address the majority of these matters. Findings included:

Governance arrangements

The service had improved their governance framework and this supported the delivery of improvements in the quality of care provided. We saw that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities and the roles and responsibilities of others. For example managers checked with agency staff to ensure that they had the necessary skills and qualifications to carry out their duties effectively.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, these required some improvements to indicate key learning points within the record.

Leadership and culture

- We saw evidence from service documents that a culture of openness was beginning to emerge at the service. Records of discussions and meetings, and key messages from newsletters indicated that all staff were being actively encouraged to raise concerns, and report them without fear of reprisal.
- Clinical meetings had been re-established and information from these had begun to be disseminated to staff.

Continuous improvement

On the evening of our inspection the provider was able to demonstrate improvement in some of the areas where the inspection team had previously found that it was in breach of Health and Social Care Act (2008) regulations. The service is on a trajectory of development and improvement. The inspection team found on the evening of 9 November, 2017, that some of the risks highlighted in the warning notices issued to the provider had significantly reduced.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • We checked entries in the controlled drugs register and found they had not been made in accordance with the relevant legislation. For example, the name and address of the supplier had not been recorded for a supply received in September. • For another person the quantity of one medicine supplied was not clear. • Staff did not routinely check stock balances of controlled drugs, weekly in accordance with the service's policy, to ensure the amounts held reflected what was recorded in the register. Regulation 12 (1), Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Family planning services	
Maternity and midwifery services	
Transport services, triage and medical advice provided remotely	
Treatment of disease, disorder or injury	