SEEDS Thurrock Hospital

Quality Report

John Tallock Centre
Thurrock Community Hospital
Long Lane
Grays
Essex
RM16 2PX
Tel: (01375) 393388
Website: www.southessexemergencydoctors.co.uk

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This report describes our judgement of the quality of care at this out-of-hours service. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, 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

South Essex Emergency Doctors Service (SEEDS) is a co-operative of local GPs based at Thurrock Community Hospital. They are responsible for out-of-hours primary care when GP surgeries are closed and cover a population of 154,000. One primary care centre is at the Thurrock community Hospital and the other is in the children's outpatients department at Basildon Hospital. This report only relates to the Thurrock Community Hospital location. There is a separate report for the Basildon Hospital location.

We chose to inspect SEEDS Thurrock as one of the Chief Inspector of Primary Medical Services' first new inspections because we were keen to visit a range of different types of out-of-hours provider

Our inspection team included a CQC inspectors and a GP. Before our inspection we carried out an analysis of data from our Intelligent Monitoring system. This did not highlight areas of risk across the five key question areas.

The inspection team spent eight hours visiting the out–of-hours service and visited the service's primary care centre at Thurrock Community Hospital. We spoke with two patients and six staff. Both the patients we talked with at SEEDS Thurrock were very positive about the care they received. Staff told us that they felt proud to work at the service. There was a positive sense of community, with high levels of support. The feedback received from patients and the public throughout the inspection was consistent with this.

The service was well-managed and benefited from a stable staff team, clear governance and experienced board. This supported the high level of staff engagement and staff satisfaction. We observed call handlers dealing with patients sensitively and politely. There was an effective process for passing patients' details to the duty doctor and for monitoring the progress of patients through the process.

There were good processes in place to store and manage medicines. These helped to protect people from the risks associated with the use of medicines.

The provider regularly met with commissioners and providers of primary medical services to discuss capacity issues and possible service improvements. The provider had been proactive and cooperative in discussions about how to reduce the pressures on the local accident and emergency department.

However, the provider had not carried out criminal records bureau (CRB) or disclosure and barring service (DBS) checks on doctors employed by SEEDS who were not members of the co-operative. Nor had it obtained references for any of the doctors not already known to the co-operative. This meant there was a risk that unsuitable doctors might be employed by the service to deliver patient care.

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 service needs to improve the way in which it recruits doctors to ensure that its staffing arrangements enable safe delivery of care. The provider had not carried out criminal records bureau (CRB) or disclosure and barring service (DBS) checks on doctors employed by SEEDS who were not members of the co-operative. Nor had it obtained references for any of the doctors not already known to the co-operative. This meant there was a risk that unsuitable doctors might be employed by the service to deliver patient care.

Are services effective?

Overall the service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met in a timely manner. The service was meeting all of the national quality requirements targets for answering and handling calls.

Are services caring?

Overall the service was caring. Patients we spoke with were very complimentary about the level of care they received. We also saw the results of a patient survey which were overwhelmingly very positive.

Are services responsive to people's needs?

Overall the service was responsive to people's needs. Patients were given a choice of primary care centre to visit for their appointment. Prescriptions could be faxed to a convenient pharmacy. There was an open culture within the organisation and a clear complaints policy. The service participated actively in discussions with commissioners about how to improve services for patients in the area.

Are services well-led?

Overall the service was well led. There was visible leadership with a clear organisational structure. There were elections to the Board every three years.

Summary of findings

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

All of the people we spoke with during the inspection were very pleased with the service they received.

A survey used by the service to obtain patients' views returned an overwhelmingly positive response. Nearly 95% of respondents said the service exceeded their expectation and 99% of patients described the doctors and staff they dealt with as very professional.

Areas for improvement

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

Recruitment procedures for doctors not already working within the co-operative must be improved.

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

- Introduce occupational health checks for new staff.
- Hold more frequent learning days for clinical staff

Good practice

Our inspection team highlighted the following areas of good practice;

- The way in which calls from patients were engaged with and dealt with by call handlers and doctors.
- The management and storage of medicines.
- The arrangements for partnership working with other health care professionals.
- The level of engagement with commissioners and other providers of primary medical services in order to improve local services.

SEEDS Thurrock Hospital

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The inspector was accompanied by a GP.

Background to SEEDS Thurrock Hospital

South Essex Emergency Doctors Service (SEEDS) is a co-operative of local GPs based at Thurrock Community Hospital and Basildon Hospital in the Children's Outpatients Department, who are responsible for out-of-hours primary care when GP surgeries are closed. There are currently 31 membership surgeries incorporating 73 doctors all of whom are based in Thurrock, Basildon, Billericay and Wickford. SEEDS is a non-profit making organisation which covers a patient base of 154,000.

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 been assessed to be non-compliant with Regulations 10, 21 and 22 during an inspection in December 2012. It was found still to be non-compliant with the same three regulations in May 2013. Subsequently, the provider sent CQC details of new policies and procedures which satisfied us that it was compliant with all regulations without the need for a further visit.

How we carried out this inspection

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us.

We carried out an announced visit on 12 February 2014. We talked with and staff and doctors. We observed how telephone calls to the service were handled. We spoke with patients and with carers and/or family members and reviewed personal care or treatment records of patients. As part of the inspection we looked at the personal care or treatment records of people who use the service, and we observed how staff cared for patients and talked with people who use the services. We talked with carers and family members.

We spoke with and interviewed a range of staff including the Director of Operations, the Staff Rota Manager and the GP Rota Manager.

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?

Are services safe?

Summary of findings

The service needs to improve the way in which it recruits doctors to ensure that its staffing arrangements enable safe delivery of care. The provider had not carried out criminal records bureau (CRB) or disclosure and barring service (DBS) checks on doctors employed by SEEDS who were not members of the co-operative. Nor had it obtained references for any of the doctors not already known to the co-operative. This meant there was a risk that unsuitable doctors might be employed by the service to deliver patient care.

Our findings

Recruitment and vetting of doctors

South Essex Emergency Doctors Service (SEEDS) is a co-operative of local GPs who provide an out-of- hours service for their own and each other's patients. We found that not all of the doctors who were members of the SEEDS co-operative undertook an out-of-hours shift for the service. This meant that the service needed to recruit other doctors to fill the out–of-hours rota. We found that the service had not obtained criminal records bureau (CRB) or disclosure and barring service (DBS) checks on the doctors it used who were not members of the co-operative. Nor had it obtained references for any of the doctors it used who were not already known to the co-operative. The manager told us that they assumed all the doctors they used would have a CRB or DBS check from their main employer. In most cases, the service had not obtained a copy of any existing CRB/DBS certificates the doctors might have had. This meant that the service could not be sure that the doctors it used were of good character and that they did not pose a risk to patients.

Call handling

Staff handled calls in a single location for both of the service's out-of-hours primary care centres. Staff rated each call received according to its clinical priority. Staff told us that they had received enough training to recognise when to advise a caller to call for an ambulance rather than waiting to see a GP. Details of calls from patients were added to a computerised list which was visible to doctors in both primary care centres. Whichever doctor was available then called the patient back to discuss their health concerns.

All calls received and made by the service were recorded. Staff were able to replay any part of a call very quickly if necessary.

During our inspection there was a breakdown in the information technology system linking the call handling staff with a doctor at the service's Basildon primary care centre. This meant that the doctor in Basildon was unable to receive information about patients who wanted medical advice. We saw that the provider quickly overcame the problem by temporarily adding extra capacity at its Thurrock primary care centre until the issue was resolved. This meant that patients were entirely unaffected by the problem.

Incident recording

The service had a system in place to record serious untoward incidents. It also had a toolkit for dealing with and recording critical events. The doctors and staff we spoke with were familiar with the process they would need to use to report an incident. The staff and doctors told us that the service had not experienced a serious adverse incident for more than two years.

Management of medicines

The service kept a supply of regularly used medicines in its head office. The medicines were securely stored and were all in date. A stock of medicines was transported to the Basildon location each time the out-of-hours service operated. There were good records of what medicines were transported to the primary care centre each time it operated. Doctors recorded which patients they gave any of the medicines to. The service did not keep a supply of controlled drugs. Some pain relieving drugs are classified as controlled drugs and these need special storage facilities. Doctors had ready access to an out-of-hours pharmacy that could supply controlled drugs at short notice if required.

Dealing with emergencies

There was a defibrillator and oxygen available in the primary care centre. We saw that it was checked regularly to ensure that it was in working order. Staff had been trained in first aid including basic life support.

Are services safe?

Culture

Staff told us that there was a culture of openness in the organisation that encouraged the sharing of information. The service had a 'blame free culture' policy and a 'being open' policy'. They were readily available to staff and doctors.

Office environment

One of the service's administrative offices contained telephone and computer equipment belonging to the owner of the building. There was a large amount of exposed computer and telephone cabling which presented a potential health and safety issue.

Patient environment

Patients were admitted to an unattended waiting room remotely using a CCTV and intercom system. Only patients with appointments were allowed to enter the waiting room in this way. The waiting room was monitored by CCTV to help maintain patient safety. There was a telephone in the waiting room with a clear sign informing patients that they should use it if they needed to contact the staff. The telephone was linked directly to the main office.

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall the service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met in a timely manner. The provider failed to provide The service was meeting all of the national quality requirements targets for answering and handling calls.

Our findings

Clinical audits

The service employed a clinical director who was responsible for ensuring that clinical standards were maintained. The clinical director carried out an audit of 5% of the cases seen by each doctor each month. Any issues were discussed with the relevant doctor, but more general learning was shared with all doctors through the service's quarterly newsletter. The clinical director also audited the prescriptions issued by each doctor on a regular basis. The provider was asked to provide an example of the audits it had completed but failed to do so. Without this information it is not possible to be certain about the standards being achieved by the clinicians. The service was also asked to provide an example of a clinical audit such as an audit of prescribing but failed to do so. Without this information it is not possible to be certain about the standards being achieved by the clinicians.

National quality requirements

Out-of-hours providers are required to regularly report on their performance against a series of national quality requirements. These requirements are designed to ensure that the service is safe, clinically effective and delivered in a way that gives the patient a positive experience. The SEEDS Thurrock out-of-hours service had met all the national targets in the last three months.

Emergency Prescriptions

Urgent and emergency medicines were made available if required to patients who attended the out-of-hours primary care centre by providing a prescription which could be dispensed by a community pharmacist. The service only supplied a statutory dose of emergency medicines if the patient was seen overnight and there was an urgent need for the medicine to be administered immediately.

Evidence based guidance

The service provided doctors with best practice guidance for treating specific conditions. For instance one doctor showed us guidance for diagnosing and treating deep vein thrombosis. We also saw that the latest edition of the service's quarterly staff newsletter signposted doctors to new clinical guidance on diagnosing urinary tract infections.

Working with others

The service shared a computer system with the doctors who were part of the co-operative. This meant that the out-of-hours doctors had access to the medical records of the patients who used the service. The system had been modified to only allow the out-of-hours doctors access to the most recent medical information in a patient's record. This included details of the patient's current medical conditions and the medication they were taking. The shared system also meant that the patient's regular GP was automatically notified if they were seen or given advice by the out-of-hours service. This helped to ensure good continuity of care.

There was a district nurse based in an office next to the out-of-hours primary care centre who was employed by a different agency. The out-of-hours doctors liaised closely with the nurse to ensure that the most appropriate health care professional visited a patient at home if such a visit was required.

The service also had access to a range of other emergency out-of-hours services such as the mental health team and a dementia crisis support team. This meant that doctors could put patients in touch with a relevant specialist out-of-hours team if necessary.

Non clinical recruitment

There was an effective recruitment procedure for non-clinical staff. This included obtaining CRB/DBS checks on new staff before allowing them to start work. The manager also took up references and checked that people were entitled to work in the UK. The service did not carry out any occupational health checks on new staff to ensure that they were physically and mentally fit for their role.

Are services caring?

Summary of findings

Overall the service was caring. Patients we spoke with were very complimentary about the level of care they received. We also saw the results of a patient survey which were overwhelmingly very positive.

Our findings

Patient survey

We looked at the results of a survey used to collect the views of patients who used the service. Patients were overwhelmingly positive about the service they received. Patients scored call handlers and doctors very highly for professionalism. They said that doctors were good at listening to them and 100% of patients completing the survey felt reassured immediately after their first contact with the service.

Staff attitude

Staff and doctors we talked with spoke about their commitment to serving patients. We observed staff taking calls from patients in a calm, respectful and reassuring manner. We also saw staff welcoming patients at the out-of-hours primary care centre in a polite and professional way. Patients we spoke with were very happy with the way they had been dealt with by staff. They told us that they were never made to feel as if they were wasting the doctor's time.

Involving patients in their treatment

Patients told us they felt that they had been involved in decisions about their own treatment and that the doctor gave them plenty of time to ask questions. They were satisfied with the level of information they had been given and said that any next steps in their treatment plan had been explained to them.

Privacy and dignity

The service had a patient dignity policy. Staff were familiar with the steps they needed to take to protect people's dignity. The service also had a chaperone policy in place. There was a notice in the waiting room and in the treatment room informing patients that they could request a chaperone if that so wished. Patients told us that they felt that staff and doctors had effectively protected their privacy and dignity.

Dealing with death

There was a clear process in place for dealing with the death of a patient. We observed a call handler treating a relative of a patient who had just died with compassion and sympathy. A doctor attended quickly to confirm the death. There was good information available to relatives about what they needed to do next. There was a process in place to contact the duty registrar if an urgent death certificate was required to enable patients of particular faiths to arrange a prompt burial service.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall the service was responsive to people's needs. Patients were given a choice of primary care centre to visit for their appointment. Prescriptions could be faxed to a convenient pharmacy. There was an open culture within the organisation and a clear complaints policy.

Our findings

Meeting people's needs

The service's own survey showed that patients were happy that the service met their needs. This was confirmed by patients we spoke with during the inspection. Many of the doctors providing the out-of-hours service were GPs working with the same patient group. This helped them to stay in touch with what their own patients thought about the out-of-hours service. Capacity issues were considered by the services board on a quarterly basis.

The provider regularly met with commissioners and other providers of primary medical services to discuss capacity issues and possible service improvements. The provider had been proactive and cooperative in discussions about how to reduce the pressures on the local accident and emergency department.

Access to services

The service operated two out-of-hours primary care centres. Patients were able to choose which primary care centre was most convenient for them when making an appointment to see the doctor. The Thurrock primary care centre was based in the Thurrock Community Hospital. There was good access and free parking. Most patients who called the service did not attend the primary care centre for a face to face appointment with a doctor. Their concerns were dealt with by a doctor over the phone. If necessary, the doctor could issue a prescription during a telephone consultation. The doctor established with the patient where their most convenient open pharmacy was and staff faxed the prescription there for them to collect their medicines.

Timeliness of access

The service was meeting all of the national quality requirements relating to timeliness of access. Patients we spoke with were impressed at how quickly their call was dealt with. They also told us that a doctor returned their initial call promptly and that if necessary, they were invited to the out-of-hours primary care centre almost immediately. At the primary care centre, patients told us that they were seen at, or very close to their appointment times.

Vulnerable patients and capacity

The service shared a computer system with the doctors who were part of the co-operative. This meant that the out-of-hours doctors had access to the medical records of the patients who used the service so they could immediately see if patients had any special needs. Doctors were aware of any patients receiving palliative care and they would automatically prioritise a home visit for these patients if necessary. A doctor also told us that patients with mobility problems or with caring responsibilities could also receive a home visit even if the medical condition they were calling about might not otherwise have justified it. The service had close links with the local mental health crisis team who could provide additional specialist support to patients who needed it. The service had access to a translation service to support patients who did not speak English. The staff told us that although they asked patients who their normal GP was; no one was refused a service if they were not registered with a GP.

Learning from experiences, concerns and complaints

The service had an open culture policy in place and staff told us that there was a no blame culture in the service. We saw that there was a robust complaints procedure in place. The clinical director audited 5% of each doctors' consultations each month. This sometimes included speaking to the patients about their experience. Any specific issues were raised directly with the doctor concerned. General learning points were shared with the whole team through the service's quarterly newsletter.

Are services well-led?

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

Summary of findings

Overall the service was well led. There was visible leadership with a clear organisational structure. There were elections to the Board every three years.

Our findings

Governance arrangements

South Essex Emergency Doctors Service is a co-operative of local GPs. It is a non-profit making organisation. The Board meets monthly to discuss arrange of clinical, financial and administrative issues. Elections are held to its management board every three years. The organisational structure of the service was readily available to staff. Key responsibilities were clearly defined and reporting lines well established.

Leadership and culture

Staff told us that the leadership of the service was visible and accessible. They told us that there was an open culture that encouraged the sharing of information and learning. Staff and doctors told us that SEEDS was a good organisation to work for.

Patient experiences, staff involvement and engagement

In addition to the national quality requirements, the management regularly surveyed the views of people who used the service. The results of these surveys were considered by the management board and shared with all staff and doctors. Staff had clear job descriptions and described a culture which encouraged everyone to be as flexible as possible and help each other out. Staff told us that they were confident that their views were listened to and acted upon by the management team.

Learning, improvement, innovation and sustainability

The clinical director was responsible for leaning and improvement. New guidance on good clinical practice was shared through the service's quarterly newsletter. Doctors told us that they rarely had the chance to attend group meetings to discuss best practice or share experiences. The co-operative provides an out-of-hours service for its own members' patients. It has no ambition to expand its services beyond its own membership. It is sustainable in its current form without being particularly innovative.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 21 (a) The provider does not have an effective recruitment procedure in place to ensure that the doctors used to deliver the regulated activity are of good character.