Purley GP Hub

Inspection report

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

Ratings

Overall rating for this location	Good ●
Are services safe?	**Good** ●
Are services effective?	**Good** ●
Are services caring?	**Good** ●
Are services responsive?	**Good** ●
Are services well-led?	**Good** ●

Overall summary

This service is rated as Good overall.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Purley GP Hub on 18 July 2018 as part of our inspection programme.

At this inspection we found:

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.

- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

- Consider producing patient leaflets in other languages.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a CQC inspection manager and a GP specialist adviser.

Background to Purley GP Hub

Purley GP Hub operates from Purley War Memorial Hospital, 856 Brighton Road, Purley, CR8 2YL and provides GP led, pre-booked and walk in service for patients with minor injuries. Local patients are directed to call NHS 111 service who can book an appointment to this service as required. The service is one of the three GP hubs in Croydon commissioned by the local Clinical Commissioning Group (CCG) and is available to local residents and to patients who might work in the area. The service sees approximately 60 patients each day. In 2017-18 the service saw a total of 22,322 patients with the majority of these being walk-in patients.

The service is provided by AT Medics Limited as part of the Croydon Urgent Care Alliance which includes Croydon Health Services NHS Trust and Croydon GP Collaborative. The service is open from 8am to 8pm seven days a week. The provider has centralised governance for its services which are co-ordinated by service managers and senior clinicians.

The clinical team at the hub is made up of one full-time male lead GP, one part-time male salaried GP, one long-term male locum GP, four long-term female locum GPs, one long-term locum doctor, one female lead nurse practitioner, one female lead nurse, two female staff nurses, one long-term male locum nurse practitioner, one long-term female nurse practitioner and one long-term locum nurse. The non-clinical service team consists of a service manager, a site co-ordinator and twelve administrative or reception staff members.

The provider is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, treatment of disease, disorder or injury and surgical procedures.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The service had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. Clinicians were trained to child protection or child safeguarding level 3 and non-clinical staff were trained to level 2. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff.
- The reception staff ran a search on the Child Protection Information System (CPIS - a database for vulnerable children) to identify vulnerable children attending the service and alerted clinicians through the service's patient management system. If there was a concern the reception staff took a screenshot of the concern from the CPIS and put them on a secure folder which was accessible to clinicians. The clinicians reviewed this information and deleted the screenshots.
- Notices were displayed to advise patients that a chaperone service was available if required. Staff who acted as chaperones were trained for their 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The service carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control. We observed the premises to be clean and tidy. We saw evidence of cleaning specifications and records were in place to demonstrate that cleaning took place on a daily basis. The service undertook regular infection prevention and control audits and acted on the findings.
- The service had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. The provider informed us that annual leave and staff availability were forward planned about two months ahead of time.
- There was an effective induction system for temporary staff tailored to their role.
- The service was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. The staff participated in skills and drills sessions where staff practiced scenarios on situations including emergency alarm, fire alarm and evacuation, and collapse of a patient. Staff completed a reflection tool after these sessions and shared these in practice meetings.
- All administrative staff were fire marshals and had undertaken fire marshal training.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- The daily duty team consisted of a GP, a nurse practitioner or staff grade doctor and a receptionist. They had a resilience team which included the GP clinical lead, nurse clinical lead and a site co-ordinator to cover periods of high demand. Staff we spoke to indicated that the number of patients waiting to see a clinician were continually monitored and additional staff were brought in during busy periods.

Information to deliver safe care and treatment

Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The service had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. However, the provider had not undertaken any disease specific antibiotic prescribing audits. After we raised this issue the provider informed us that they had added disease specific antibiotic prescribing audits in their audit schedule for September 2018.

Track record on safety

The service had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. The provider informed us that all incidents were reviewed centrally for all three GP hubs and any learning from these incidents was shared with staff. The service carried out a thorough analysis of significant events. The incidents were shared with the Croydon Urgent Care Alliance (CUCA) and the provider were in the process of using a new incident management system so the incidents were immediately accessible to CUCA.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service held a log of all the medicines and safety alerts and actions undertaken for relevant alerts.

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The service monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- There was a clinical assessment protocol and staff were aware of the process and procedures to follow. Walk in patients were booked into the service on a first come first served basis; however, reception staff used a scoring system which they used to identify patients who may need to be seen immediately and alerted clinicians who prioritised seeing these patients. Reception staff also knew to contact clinical staff for any patients presenting with high risk symptoms such as chest pain or difficulty in breathing.

Monitoring care and treatment

The service used the information collected for the local Clinical Commissioning Group (CCG) and performance against contractual key performance indicators to monitor outcomes for patients. This information was available on a performance dashboard, monitored locally and regionally.

Information recorded and presented in the service performance included (Data from the Croydon Urgent Care Alliance contract monitoring report):

- Patient time to initial assessment performance: The service had a maximum arrival to initial assessment time of 15 minutes. In 2017/18 on average 97.2% of adults and 97.3% of children were assessed within this target time.

- Patient seen within 30 minutes of a pre-booked appointment performance: In 2017/18 on average 95.2% of patients were seen within 30 minutes.
- Consultation record / Discharge summary sent to GP practices for Croydon registered patients performance: In 2017-18 100% of the consultation record / discharge summary were sent to patient's own GP practice by 8am the next day.
- Walk in patients to be seen, treated and discharged within two hours of arrival performance: In 2017/18 on average 96.6% of patients were seen, treated and discharged within two hours.

GP practice information: On booking in at reception, patients were asked which GP practice they were registered with. This information was used by the service to monitor local GP practices whose patients frequently visited the GP Hub. The GP practices with above average patient numbers were contacted by the service, provided with the information the service held and explained the admission criteria for GP Hub.

There was evidence of quality improvement and they routinely reviewed the effectiveness and appropriateness of the care provided.

- The service had undertaken monthly audits to review 1% of the clinical notes across the whole GP Hub service, which is based on criteria set by Royal College of General Practitioners (RCGP). All clinician's notes were reviewed as part of this audit. The audit provided an overview of clinical practice and documentation provided by the clinicians and enabled them to focus on areas that needed improvement. The service informed us that they had made improvements to several areas of documentation including safeguarding, examination, prescribing, discharge summaries and referrals.
- The service undertook monthly antibiotic prescribing audits to ascertain if antibiotics were prescribed according to evidence based guidelines; they discussed the results of this audit in clinical meetings.
- The service reviewed the notes of long term locum GPs using the RCGP criteria and one to one feedback was provided if any concerns were identified.
- The service had undertaken a clinical audit to ascertain if ankle injuries were appropriately documented and referred for x-ray. The first cycle of the audit included 59 patients; they found that only 19% (11 patients) of patients with ankle injuries were appropriately

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documented and 46% of patients were sent for an x-ray. Most of the patients sent for an x-ray did not have proper indication documented; the clinicians were made aware of the results of this audit. The second cycle of the audit included 82 patients; they found that 33% (27 patients) of patients with ankle injuries were appropriately documented which is an improvement. However, despite the improvement in documentation, 45% of patients were sent for an x-ray, many without an indication or without a documented indication. The results of this audit were discussed in a clinical meeting, further emphasis given to the indications for x-ray and the service were planning to do a re-audit to ascertain any improvement.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role.
- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Mandatory training for staff included Anaphylaxis, Basic Life Support, Bullying and Harassment, Chaperoning, Deprivation of Liberty, Display Screen Equipment, Equality and Diversity, Fire Safety, Infection Control, Data Security and Protection Toolkit, Mental Capacity Act, Moving and Handling, Health and Safety, National Early Warning Score, Privacy and Dignity, Safeguarding adults and children, Whistleblowing and General Data Protection Regulation.
- The service provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. All staff had an appraisal within the last 12 months.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The GP and nurse clinical leads directly supervised the new clinicians and worked across all three hubs on a rota basis.

- The service recently held a wound management study day for GPs and nurses which was facilitated by the GP and nursing leads and attended by GPs and nurses working in the hubs.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- Croydon registered patients who used the service had a report detailing the care they received sent to their GP after discharge usually by 8am the next morning. For patients using the service who were not Croydon registered, a report was sent to their GP as soon as practicable after discharge.
- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The service shared clear and accurate information with relevant professionals
- Patients received coordinated and person-centred care.
- The provided had developed an in-house referral system for traumatic wounds (burns, necrotising fasciitis, hand trauma, maxillo-facial injuries, and lower leg trauma) direct to a regional specialist centre through a telemedicine referral system available to hub clinicians across south east of England. The five hubs were located in Broomfield Hospital, Chelmsford; Chelsea and Westminster Hospital, London; St Georges Hospital, Tooting; Stoke Mandeville Hospital, Aylesbury and Queen Victoria Hospital in East Grinstead and were all able to accept referral images from any PC connected to the NHS network through a website. This system allowed photographs of injuries to be reviewed by qualified and experienced clinicians at any time of the day, regardless of where in the region the patient was located.

Helping patients to live healthier lives

As a GP Hub, the service were not able to provide continuity of care to support patients to live healthier lives in the way that a GP practice would. However, we saw the service demonstrate their commitment to patient education and promotion of health and well-being advice.

Staff we spoke to demonstrated a good knowledge of local and wider health needs of patient groups who may attend

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the GP Hub. GPs and nurses told us they offered patients general health advice within the consultation and if required they referred patients to their own GP for further information.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- All the 13 patient Care Quality Commission comment cards we received and feedback from four patients we spoke to were positive about the service experienced. This is in line with feedback received by the service. Patients recorded that the service provided was quick and efficient and staff were friendly and helpful.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- Information leaflets, including easy read format leaflets were available; however, leaflets in languages other than English were not available. However, the service had health information posters in two local languages. After we raised this issue the provider informed us that they were in the process of developing a poster in the waiting area with different languages to indicate that a private area is available if a patient would like to discuss something confidential and also a welcome poster in different languages.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

The service had received 16 positive comments and a rating of 4.5/5 stars (based on 18 ratings) in NHS Choices.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The service understood the needs of its population and tailored services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when patients found it hard to access services. Patients had access to translation services and there was a hearing loop in place in the reception area for patients who had hearing difficulties.
- Appointments were not time restricted; meaning clinicians were able to see patients for as long as necessary.
- The patients who attend the service who do not have a GP were helped to register with a local GP practice.
- The service had a poster in the waiting area explaining why some patients were prioritised and seen before others and that patients may not be seen in order of their arrival.

Timely access to care and treatment

Patients were able to access care and treatment from the service within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times and delays were minimal and managed appropriately.

- The service was open between 8am to 8pm seven days a week. Local patients were directed to call NHS 111 service who booked an appointment to this service as required. They also provided a walk-in service where patients could attend without an appointment to see a nurse or a GP. The services were accessible to any patients who required the service.
- Patients with the most urgent need had their care and treatment prioritised. Walk in patients were booked into the service on a first come first served basis; however, reception staff used a scoring system which they used to identify patients who may need to be seen immediately and alerted clinicians who prioritised seeing these patients. Reception staff also knew to contact clinical staff for any patients presenting with high risk symptoms such as chest pain or difficulty in breathing.
- The service was planning a self-care and health awareness event for 15 September in Croydon.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

We rated the service as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The service planned its services to meet the needs of the service population.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- The provider had regular huddles for all reception staff which provided an opportunity for the staff to share any issues with senior staff and to get updates.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Service leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The local management team included a service manager, a GP lead, nursing lead, a site co-ordinator who were overseen by a medical director and a regional manager.
- The management team attended the Croydon Urgent Care Alliance (CUCA) clinical governance and operational meetings.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

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- The service had processes to manage current and future performance. Service leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The service had plans in place and had trained staff for major incidents.
- The service considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. The service had a bespoke dashboard to monitor the delivery of care which had information about waiting times, number of patients seen, type of attendance (booked; walk-in), number of attending patients by working hours, number of attending patients by weekday.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The service had increased the number of clinicians as a result of feedback from patients. The service had a 'You said we did' poster in the waiting area indicating the actions the provider had undertaken following feedback received from patients. For example, the patients' feedback indicated that the waiting times were too long and the provider in response had increased the number of clinical staff.
- The service was transparent, collaborative and open with stakeholders about performance.
- The service held an open day when the service started to involve the local community and to publicise the services provided.
- The service informed us that recently they started 'Hot Feedback Rounds' where the management staff interviewed patients in the waiting area regarding their experience in using the hub. So far, the service had spoken to 15 patients and the provider informed us that they had not yet analysed the responses.
- The service used a business social media platform to communicate with staff which could be accessed in a computer or through a mobile application. The staff could access local policies, protocols and updates through this platform.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The provided had developed an in-house referral system for traumatic wounds (burns, necrotising fasciitis, hand trauma, maxillo-facial injuries, and lower leg trauma) direct to a regional specialist centre through a telemedicine referral system available to hub clinicians. This system allowed photographs of injuries to be reviewed by qualified and experienced clinicians at any time of the day, regardless of where in the region the patient was located.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Are services well-led?

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.