

St Ives House

Quality Report

East Lancashire Medical Services
St Ives House
St Ives Business Park
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Website: <http://www.elms-nfp.co.uk>

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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 service

Good



Are services safe?

Good



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 St Ives House (East Lancashire Medical Services Limited) on 6 March 2017. The overall rating for the practice was good, although the key question of safe was rated as requires improvement. A requirement notice was issued in relation to safe care and treatment, as the provider was found to be in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The full comprehensive report on the March 2017 inspection can be found by selecting the 'all reports' link for St Ives House on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 6 September 2017 to confirm that the service had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 6 March 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the service is rated as good, with the previous rating of requires improvement for the key question of safe updated to a rating of good.

Our key findings were as follows:

- The service had made improvements to how it documented mandatory training undertaken by sessional staff.
- All staff had been reminded who could undertake chaperone responsibilities, and the service's chaperone policy had been updated to make this more explicit.
- Staff who drove as part of their role had been reminded that relevant health checks were available to them as part of their employment with the service.
- The service's incident reporting policy had been updated to ensure it incorporated incidents being investigated following complaints.

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?

At our previous inspection on 6 March 2017, we rated the practice as requires improvement for providing safe services. While we found that staff were aware of their responsibilities with regards to safeguarding vulnerable adults and children, evidence showed that the service had not consistently obtained assurance that clinical staff working on a sessional basis had completed the appropriate training in this area. This was also the case with other topics of training, such as basic life support. Some of the staff we spoke with during the inspection told us they carried out chaperone duties, but had not received training for this role.

The service was able to demonstrate these arrangements had improved when we undertook a desk top review of these issues on 6 September 2017. The service is now rated as good for providing safe services.

- Training records had been updated demonstrating appropriate life support and safeguarding training had been completed by sessional clinical staff.
- We were given assurance that driver safety and fitness tests were available to navigators, and were shown training records demonstrating that these had been completed.
- Information had been thoroughly cascaded to both non clinical and clinical staff clarifying which staff could act as chaperones.
- The service's incident reporting policy had been updated and meeting minutes were provided demonstrating how both complaints and incidents were discussed at regular senior management team meetings to ensure learning from these was implemented.

Good



St Ives House

Detailed findings

Our inspection team

Our inspection team was led by:

A desk based review of evidence submitted by the provider was carried out by a CQC lead inspector.

Background to St Ives House

East Lancashire Medical Services (ELMS) is a Social Enterprise organisation delivering Urgent Primary Care Services 365 days a year. The head office is at St Ives House and at the time of the inspection there were five satellite centres from which services were provided :

- St Ives House. St Ives Business Park. Accrington Road. Blackburn. BB1 2EG
- Burnley Urgent Care Centre, Casterton Avenue, Burnley. BB10 2PQ
- Clitheroe Community Hospital. Chatburn Road, Clitheroe. BB7 4JX
- Pendle Community Hospital. Leeds Road, Nelson. BB9 9TG
- Rossendale Primary Health Centre. Bacup Road, Rossendale. BB4 7PL.

For the purposes of the March 2017 inspection we visited the head office and the services based at St Ives House and at Burnley Urgent Care Centre. The service is contracted to provide OOH primary medical services to registered patients and those requiring immediately necessary treatment when GP practices are closed which includes overnight, during weekends, bank holidays and when GP practices are closed for training. Patients may be seen by a clinician, receive a telephone consultation or a home visit, depending on their needs.

Why we carried out this inspection

We undertook a comprehensive inspection of St Ives House (East Lancashire Medical Services) on 6 March 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, with a requires improvement rating for the key question of safe. The full comprehensive report following the inspection in March 2017 can be found by selecting the 'all reports' link for St Ives House on our website at www.cqc.org.uk.

We undertook a follow up, desk-based focused inspection of St Ives House (East Lancashire Medical Services) on 6 September 2017. This inspection was carried out to review 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

We carried out a desk-based focused inspection of St Ives House (East Lancashire Medical Services) on 6 September 2017. This involved reviewing evidence that:

- The service had assurance that relevant staff had now completed their required safeguarding children and basic life support training.
- Procedures around chaperoning had been embedded to ensure only those trained for the role undertook the responsibility.
- Driver safety and fitness checks were in place.

Are services safe?

Our findings

At our previous inspection on 6 March 2017, we rated the practice as requires improvement for providing safe services. While we found that staff were aware of their responsibilities with regards to safeguarding vulnerable adults and children, evidence showed that the service had not consistently obtained assurance that clinical staff working on a sessional basis had completed the appropriate training in this area. This was also the case with other topics of training, such as basic life support. Some of the staff we spoke with during the inspection told us they carried out chaperone duties, but had not received training for this role.

The service was able to demonstrate these arrangements had improved when we undertook a desk top review of these issues on 6 September 2017. The service is now rated as good for providing safe services.

Safe track record and learning

We had noted during our March 2017 visit that the service was not consistently considering issues raised via patient complaints as incidents to maximise learning outcomes. As part of the recent desk based review, the service demonstrated that it had updated its incident reporting policy, and provided numerous examples where both complaints and incidents were discussed and analysed as part of the regular senior management team meetings; we were shown meeting minutes demonstrating this.

Overview of safety systems and process

At our March 2017 inspection, we found gaps in the service's training records. The service could not comprehensively demonstrate that assurance had been sought that all clinical staff working on a sessional basis had received appropriate training around safeguarding vulnerable children and adults. As part of the recent desk top review undertaken, the service told us that a new member of administration staff had been given

responsibility for maintaining and updating such training records to ensure documentation around training was up to date. The service could demonstrate that records were now held showing that appropriate safeguarding children training had been completed by the staff for whom this could previously not be evidenced.

In March 2017 we had spoken to driving staff who told us they acted as chaperones. However, they also told us they had not been trained for this role. As part of the recent desk top review, the service confirmed it had updated its chaperone policy to make it more explicit which staff members could act as chaperones. As well as being cascaded verbally via staff supervisors, the service shared recent clinical and staff bulletins that clearly informed both clinical and non clinical staff that drivers were not to act as chaperones.

The service also confirmed that drivers had been reminded of the fact that eye tests were available to them and that the service would cover the cost of these. The service demonstrated how these tests were documented as part of the staff training record in order to monitor competency for the role.

Arrangements to deal with emergencies and major incidents

At our March 2017 inspection, we found that training records held by the service could not comprehensively demonstrate that assurance had been sought that all clinical staff working on a sessional basis had received appropriate training around basic life support. As part of the recent desk top review undertaken, the service told us that a new member of administration staff had been given responsibility for maintaining and updating such training records to ensure documentation around training was up to date. The service could demonstrate that records were now held showing appropriate life support training had been completed by the staff for whom in March this could not be evidenced.