

Hampshire Doctors On Call

Quality Report

Royal South Hampshire Hospital
Brintons Terrace
Southampton
Hampshire
SO14 0YG

Tel: 023 92 267000

Website: www.hampshiredoctorsoncall.nhs.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



Are services effective?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a focused inspection of Hampshire Doctors On Call to check that action had been taken since our previous inspection in November 2015. Overall the practice is rated as good.

At our previous inspection, the service was rated good for Effective, Caring, Responsive and Well Led services and was rated as good overall. However, the practice was rated as requires improvement in the Safe domain due to breaches of regulations relating to the safe delivery of services.

This was because:

- Non-clinical staff who acted as a chaperone had not received appropriate training and the policy did not reflect the role and purpose. Staff members acting as a chaperone did not have a risk assessment or a criminal records check via the disclosure and barring service (DBS). Where the decision had been made not to carry out a DBS check on staff, the service was unable to give a clear rationale as to why the check had not been carried out.
- Relevant staff had not received all mandatory training including safeguarding children and basic life support.

We inspected the service on 29 and 30 September 2016 to confirm that they now met legal requirements.

You can read the last published report from our last comprehensive inspection of Hampshire Doctors on Call on our website at www.cqc.org.uk

Our key findings for this inspection were as follows:

- The provider had been working with the five local clinical commissioning groups to discuss how to improve and maintain response times for patients accessing the service.
- There was an open, transparent approach and a system in place for reporting and recording significant events.
- The provider had introduced a programme of mandatory training modules for members of staff and was working through the programme. We saw that emails had been sent out from management to members of staff reminding them to complete the modules and a matrix was provided showing that 90% of the courses had been completed at the time of our inspection.
- Relevant staff had received chaperone training and the provider carried out Disclosure and Barring Service checks for employees who may be asked to carry out the role of a chaperone. The chaperone policy had been reviewed and subsequently staff were issued

Summary of findings

with an aide memoir of the role. The provider had a continuing training programme for staff to become chaperones if they wanted to be. We saw patient information was available in the treatment sites we visited about chaperoning services.

- Disclosure and Barring Service checks for employees were now being carried out.
- The service had clearly defined processes and practices in place to keep people safe and safeguarded from abuse.
- The service was introducing a new staff appraisals policy and process however they were unable to produce evidence that appraisals were regularly taking place. The service had taken over the responsibility for the delivery of the contract in April 2015. This included more than 140 self-employed GPs working in 10 sites

and more than 100 employees from the previous service provider transferring. Staff we spoke with told us that they had received an appraisal when working for the previous employer in 2015. We were told the staff appraisals were due to commence in late 2016.

The practice is now rated good for Safe services.

However there were areas where the service should be improved.

- The provider should improve on the delivery of plans for all staff employed to have an appraisal annually that is recorded.

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 service is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Information about safety was recorded, monitored, appropriately reviewed and addressed. Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- The premises and equipment at the locations inspected on this occasion were clean, hygienic and well maintained.
- The service had arrangements in place to respond to emergencies and other unforeseen situations such as the loss of utilities.
- Staff files for members of staff recruited since April 2015 were complete with appropriate recruitment checks undertaken prior to employment.
- The service had clearly defined processes and practices in place to keep people safe and safeguarded from abuse.
- Patients that we talked with told us that they felt safe.
- Relevant staff had received chaperone training and the provider carried out Disclosure and Barring Service checks for employees who may be asked to carry out the role of a chaperone.
- Disclosure and Barring Service checks for employees were now being carried out.

Good



Are services effective?

- The provider had introduced a programme of mandatory training modules for members of staff and was working through the programme.
- Emails had been sent out from management to members of staff reminding them to complete the modules.
- A matrix was provided showing that 90% of the courses had been completed at the time of our inspection.
- The service was introducing a new staff appraisals policy and process however they were unable to produce evidence that appraisals had regularly taken place. The service had taken over the responsibility for the delivery of the contract in April 2015. This included more than 100 employees from the

Good



Summary of findings

previous service provider transferring. Staff we spoke with told us that they had received an appraisal when working for the previous employer in 2015. We were told the appraisal were due to commence in late 2016.

Hampshire Doctors On Call

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 specialist advisor GP, and a second CQC inspector.

Background to Hampshire Doctors On Call

The GP Out of Hours service for Hampshire including Southampton and Portsmouth since our last inspection is now provided by Partnering Health limited; previously under the name of Portsmouth Health Limited. When the name of the provider changed there was no change in legal entity for the Care Quality Commission.

Partnering Health Limited currently provides two services: the Out of Hours service for Hampshire and an NHS Primary Care walk-in centre and GP Practice in the centre of Portsmouth. This inspection report refers to the inspection of the Out of Hours service registered as Hampshire Doctors on Call Service.

Hampshire Doctors On Call service was launched on 15 April 2015 with more than 100 employees from the previous service provider who transferred via TUPE arrangements into the new service (TUPE is the Transfer of Undertakings Protection of Employment Regulations 1981, implemented to protect employment rights when employees transfer from one business to another).

The service is commissioned by five Hampshire Clinical Commissioning Groups (CCG's):

- Fareham and Gosport CCG

- Portsmouth CCG
- South Eastern Hampshire CCG
- Southampton City CCG
- West Hampshire CCG

The Partnering Health Limited contract is with, West Hampshire CCG, Portsmouth and South East Hampshire CCG and Southampton CCG. Partnering Health Ltd currently manage the service for all the listed CCG's on an individual basis but work collaboratively regarding contract management and delivery of service.

Hampshire is a county on the southern coast of England, bordered by Dorset, Wiltshire, Berkshire, Surrey and West Sussex. Data shows an increasing population, specifically the over 65 year old population has increased by 21% between 2001 and 2011; nearly double the national increase of 11%. This has increased pressure on health and social care provisions in the region. A total of 95.5% of the population are registered with a GP and there are a lower than average proportion of Black and Minority Ethnic residents in Hampshire.

The Out of Hours service provides care to patients who require urgent medical care from GPs and nurses outside of normal GP hours. Currently 347 members of staff including GPs (150 as self-employed GPs), nurses, drivers and support staff work for the service delivering care to patients.

The service operates county wide from 6.30pm until 8am Monday to Thursday, and 6.30pm Friday until 8am Monday, and all public holidays. Hampshire Doctors on Call Service does not offer walk-in appointments; access to the service is via the national NHS 111 call line. In Hampshire this is a service provided by the South Central Ambulance Service (SCAS) from their base at Otterbourne near Winchester.

Detailed findings

The service provides care to a population of approximately 1.76 million (2011 census) residing in the area and operates from 10 primary care centres geographically spread across the county. The 10 primary care centres are:

- Andover Hospital, Andover SP10 3LB
- Chase Hospital, Bordon GU35 0YZ
- Cowplain Health Space, Waterlooville PO8 8DL
- Gosport War Memorial Hospital, Gosport PO12 3PW
- Lymington Hospital, Lymington SO41 8QD
- Queen Alexandra Hospital, Portsmouth PO6 3LY
- Ringwood Medical Centre, Ringwood BH24 1JY
- Royal Hampshire County Hospital, Winchester SO22 5DG
- Royal South Hampshire Hospital, Southampton SO14 0YG
- Totton Health Centre, Totton SO40 3ZN

At the time of our inspection a new registered manager application was being made by the service.

Hampshire Doctors on Call Service is registered to provide three regulated activities: diagnostic and screening procedures, transport services, triage and medical advice provided remotely and treatment of disease, disorder and injury.

The main primary care centre is based within Royal South Hampshire Hospital, Southampton SO14 0YG and is the registered location with Care Quality Commission. Members of our inspection team visited this primary care centre on 29 September 2016 and Queen Alexandra Hospital, Portsmouth PO6 3LY on 30 September 2016.

Why we carried out this inspection

At the inspection carried out on 26 & 27 November 2015, we made a requirement to address shortfalls with regulations 12, Safe Care and Treatment and regulation 18, Staffing.

How the regulation was not being met:

Non-clinical staff who acted as chaperones had not received training and a risk assessment so that an appropriate level of criminal records check was completed before they undertook the role.

We found not all relevant staff had completed or updated as needed mandatory training including subjects such as safeguarding children and basic life support.

We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations including the local clinical commission groups and NHS England Wessex to share what they knew. We asked the service to send us information about them, including their statement of purpose, how they dealt with and learnt from significant events and the roles of the staff. We carried out an announced visit on 29 and 30 September 2016.

The lead inspector, second inspector, and GP specialist advisor carried out an announced follow up inspection at Royal South Hampshire Hospital on 29 September 2016. On 30 September 2016 the same team carried out an announced inspection of another of the services location at Queen Alexandra Hospital, Portsmouth.

During the two day inspection we spoke with members of staff employed by the Out of Hours service. We spoke to a variety of staff members across all areas of the service including the senior management team, the operational team, lead nurse, dispatches, drivers and GPs who were on duty. In addition we spoke with four patients to gain their views of the Out of Hours service.

We reviewed how GPs made clinical decisions. We reviewed a variety of policies and procedures used by the practice to run the service. We also looked at other information with regard to how the service was performing.

We looked at the Out of Hours premises to check the practice was a safe and accessible environment. We looked at documentation including relevant monitoring tools for training, recruitment, maintenance and cleaning of the premises including the arrangements in place to manage the risks associated with healthcare related infections.

Detailed findings

We observed interaction between staff and patients in the waiting room. We reviewed the arrangements for the safe storage and management of medicines and emergency medical equipment.

Are services safe?

Our findings

Safe track record and learning.

We found there was an effective system in place for reporting and recording significant events.

- We saw there was an open, transparent approach and a system in place for reporting and recording significant events. Staff were able to report incidents and there were discussed learning outcomes from significant events, which were shared with appropriate staff. We saw investigation reports for serious incidents relating to unexpected deaths of service users requiring investigation (SIRI). The service completed a comprehensive investigation into these incidents.
- The service carried out a thorough analysis of the significant events using SIRI. Staff we spoke with told us the service had embedded this analysis process into everyday practice and all the team were dedicated to learning from significant events. We saw a bi-monthly newsletter for all members of staff which anonymously highlighted learning and subsequent actions from significant events.

We reviewed safety records and minutes of meetings where these were discussed. For example, we saw learning points for GPs in respect of writing thorough notes with working diagnosis, treatment plan and safety netting. Safety netting is a 'diagnostic strategy' or 'consultation technique' to ensure timely re-appraisal of a patient's condition.

Safety alerts (including medicine and equipment alerts) were monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled the service to communicate and act on risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes including safeguarding.

Both the sites we inspected maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. All the patients we spoke with said the facilities were always clean. We observed good hand hygiene and processes throughout our inspection.

The lead nurse was the infection control lead and liaised with the local infection prevention teams to keep up to

date with best practice. There was an infection control protocol in place and infection control audits were undertaken. We saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).

We observed and saw evidence which confirmed that equipment was available in sufficient quantities in each car as well as in the centre. For example, in each car there was a box which contained the following equipment: a nebuliser, defibrillator, blood pressure monitor, blood glucose monitor, finger pulse oximeter and a stethoscope. The equipment was checked several times during the shift and a member of staff had to sign to confirm that they were in working order and fit for purpose. This demonstrated that equipment was available in sufficient quantities to meet people's needs and to ensure their safety.

We saw arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff.

The service had appointed a dedicated senior GP who had additional responsibilities as lead in safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles. All of the staff we spoke with knew who the safeguarding lead was and who to speak to if they had a safeguarding concern.

All GPs who worked for the service were only able to work if they had completed level three safeguarding certification for children as well as adult safeguarding training. This needed to be recertified every three years and online training was not acceptable as per the General Medical Council (GMC) guidance. We checked adherence to this requirement and all of the GPs we spoke with had completed level three children safeguarding training.

The safeguarding policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.

All staff we spoke with including dispatchers, call handlers, drivers and reception staff demonstrated an understanding

Are services safe?

of what constituted abuse, and knowledge of the procedure for reporting suspected abuse. Staff members told us they had received safeguarding training from the previous service provider in June 2014 say and this was confirmed by the training records we reviewed. We saw a rolling programme of mandatory and essential training, including safeguarding and chaperoning which commenced in December 2015. We saw a training matrix which showed that by September 2016 in addition to the GPs 78% of staff had received children and vulnerable adult training. For this training the service had set that level one training would be followed by refresher training every three years.

There was a system in place for receiving information from other organisations for adults who were at risk, or that a protection plan was in place for a child. This was recorded securely on the out-of-hours computer system as a Special Patient Note (SPN). This was to alert the GP to liaise with the safeguarding authority before seeing the patient.

There was a chaperone policy which was visible in the waiting rooms and on the doors of consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff we spoke with who acted as chaperones understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. Relevant staff had received chaperone training and the provider carried out Disclosure and Barring Service checks for employees who may be asked to carry out the role of chaperone. The chaperone policy had been reviewed in October 2015 and staff were also issued with an aide memoir of the role. The provider

had a continuing training programme for staff to become chaperones if they wanted to be. We saw patient information was available in the treatment sites we visited about chaperoning services.

Staffing and recruitment.

We reviewed performance information for the levels of response to patient's clinical needs within timeframe targets

For September 2016 Portsmouth and South East Hampshire clinical commissioning group informed us of an improving picture. Such as with Urgent clinical assessment within 30 minutes being 94.4%. However the Non urgent clinical assessment in one hour was 82.8%.

For primary care centre attendance within 2 hours this was 100% in September 2016 and attendance with routine within 6 hours was 99.4%.

For home visits in September 2016 this was 90.1% for Urgent in 2 hours and 84.7 % for routine in 6 hours.

We reviewed employee's records that had joined the service since April 2015 and found that Disclosure and Barring Service checks for employees had been carried out for new employees, new self-employed GP's and staff transferred from a previous employer.

We saw the service had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Thorough checks were undertaken of GP's to ensure their fitness to practice for example General Medical Council registration and inclusion on the performers list. Suitable and verifiable references were sought.

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing.

At our previous inspection in November 2015 we saw the service was about to launch a rolling programme of mandatory and essential training, including safeguarding, basic life support, infection prevention and control, chaperoning and patient confidentiality starting in December 2015. Staff would access training materials via e-learning training modules and in-house training.

At this inspection we saw that the provider had introduced a programme of mandatory training modules for members of staff and was working through the programme. We saw that emails had been sent out from management to members of staff reminding them to complete the modules and a matrix was provided showing that 90% of the courses had been completed at the time of our inspection.

At our visit in November 2015 we saw plans for all members of staff to have a yearly performance review meeting and provisional appraisal dates were being planned for the known quieter months for Out of Hours providers in summer 2016.

At this inspection the service was about to introduce a new staff appraisals policy and process however were unable to produce evidence that appraisals were regularly taking place. We were told the appraisals would commence from October 2016.

It was noted that the service had taken over the responsibility for the delivery of the contract in April 2015. These included more than 100 employees from the previous service provider transferring some of whom had previously been appraised. Staff roles included: GPs, nurses, administration and drivers.

The provider should improve on the delivery of plans for all staff employed to have an appraisal annually that is recorded.