

East Berkshire Primary Care Out Of Hours Services Limited – King Edward VII Hospital Primary Care Centre

Quality Report

King Edward VII Hospital Primary Care Centre
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primary-care-centres/king-edward-vii/](http://ebpcooh.org.uk/out-of-hours/primary-care-centres/king-edward-vii/)

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 East Berkshire Primary Care Out of Hours Services Limited – King Edward VII Hospital Primary Care Centre on 5 October 2016. Overall the service is rated as requires improvement.

Specifically, we found the service to require improvement for the provision of safe and well led services. The service is rated good for providing effective, caring and responsive services.

Our key findings across all the areas we inspected were as follows:

- There was an effective system for reporting and recording significant events. A wide range of events was reported. They were systematically assessed and dealt with.
- Risks to patients were assessed and well managed. However, some systems to address these risks were not implemented well enough to ensure patients were

kept safe. For example, the service had not always taken appropriate action in relation to recent alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA).

- Infection control monitoring checks were not recorded and needle stick injury and sharps protocols were not available or displayed in the clinical areas. Blank prescription forms for use in printers were not tracked appropriately and the monitoring log was not maintained.
- There were limited clinical audits or monitoring of quality improvement for extended hours service.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, five out of seven nurses working in the extended hours service had not received an appraisal within the last 12 months.
- There were safeguarding systems in place for both children and adults at risk of harm or abuse as well as palliative care (care for the terminally ill and their families) patients who accessed the out of hours to the service.

Summary of findings

- Verbal and written patient feedback said they were treated with compassion, dignity and respect and despite the service provided single episodes of care patients were involved in their care and decisions about their treatment. Comment cards that patients completed confirmed this finding.
- Patients said they found it easy to make an appointment and data showed most patients were seen or contacted in a timely manner. The premises were well equipped to treat patients and meet their needs.
- The provider's specific written complaints information was not available or displayed in the King Edward VII Hospital Primary Care Centre about how to complain. The complaints we reviewed were fully investigated by a senior member of staff and patients were responded to with an apology and full explanation.
- There was a clear leadership structure. Staff felt supported by East Berkshire Primary Care Out of Hours Services Limited management. However, the leadership and management of the extended hours service and relationship with the local clinical commissioning group programme board required improvement to ensure a safe and well led service.
- The service was aware of and complied with the requirements of the duty of candour.

However, there were also areas of practice where the service needs to make improvements. The areas where the service must make improvements are:

- Ensure the governance framework and processes are improved for all services. Including a review of the systems and processes to ensure that the service actions all patient safety alerts and MHRA (Medicines and Healthcare Products Regulatory Agency) alerts.
- Review and improve the system in place to ensure management of blank prescription forms for use in printers.
- Ensure relevant infection control information is available and monitoring records maintained of the infection control checks carried out at the premises.
- Develop and implement clinical quality measures and monitoring in order to drive and ensure continuous improvement for the extended hours service.

The areas where the service should make improvements are:

- Ensure information about translation services are displayed in the reception area informing patients this service is available. Ensure all staff are aware about the translation service.
- Ensure that staff undertaking chaperoning duties have received the appropriate training.
- Ensure all staff had received an annual appraisal within the last 12 months.
- Information to patients about the complaints procedure should be available and clearly displayed.

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 provider is rated as requires improvement for providing safe services.

Requires improvement



- Risks to patients were assessed and well managed. However, some systems to address these risks were not implemented well enough to ensure patients were kept safe. For example, the service had not always taken appropriate action in relation to recent alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). The checks on monitoring infection control procedures were not recorded and needle stick injury and sharps protocols were not available or displayed in the clinical areas.
- The service had clearly defined processes and practices in place to keep people safe and safeguarded from abuse. However, these were not followed for example staff training in chaperoning was not up to date.
- Blank prescription forms for use in printers were not handled in accordance with the national guidance as these were not tracked appropriately and monitoring log was not maintained.
- There was an effective system for reporting and recording significant events. A wide range of events was reported. They were systematically assessed and dealt with.
- Lessons were shared to make sure action was taken to improve safety. There was evidence of collaboration with other healthcare services in implementing systems to avoid the recurrence of certain events.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Are services effective?

The provider is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance. A range of methods were used to help ensure that clinicians kept up to date.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was a consistent focus on ensuring staff had completed mandatory training.

Summary of findings

- Limited clinical audits demonstrated quality improvement. However, these were at a provider level and not always site or service specific.
- There were appraisals and personal development plans for staff. However, we noted five out of seven nurses had not received an appraisal within the last 12 months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The provider is rated as good for providing caring services.

Good



- Feedback from patients about their care and treatment was consistently and strongly positive. Patients, their relatives and carers were all positive about their experience and said they found the staff friendly, caring and responded to their needs.
- We observed and heard a kind compassionate culture.
- There was good evidence that the provider took positive steps to promote the service and informed patients of what they could expect from the service.
- Patient experience surveys conducted by East Berkshire Primary Care Out of Hours Services Limited indicated a high degree of satisfaction with the service provided and a high number of patients who had used the service would recommend it.
- East Berkshire Primary Care Out of Hours Services Limited was mindful and respectful of the needs of patients, and their carers, receiving end of life care and, where necessary, provided them with a direct telephone number so that they were able to access clinician's out-of-hours directly.
- Staff we spoke with were not aware that translation services were available for patients and information about a translation service was not displayed in the reception area.

Are services responsive to people's needs?

The provider is rated as good for providing responsive services.

Good



- The service engaged with the NHS England Area Team and local clinical commissioning groups to secure improvements to services where these were identified.
- Quality and Activity Reports showed extended hours service had reduced pressures of patients accessing urgent and emergency care in Windsor.
- The provider only offered pre-bookable extended hours appointments with GPs and practice nurses (PNs) at the King Edward VII Hospital Primary Care Centre.

Summary of findings

- Patients said access was good and Quality and Activity Reports data showed patients were consistently seen or contacted in a timely manner.
- There were good facilities and the premises was well equipped to treat patients and meet their needs. Patients we spoke with and comment cards we received showed that patients were satisfied with the service provided.
- Information about how to complain was not available or displayed. However, staff we spoke with were fully aware of the complaints process and how to explain this to patients. Complaints we reviewed showed that the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The provider is rated as requires improvement for providing well led services.

- Governance and performance management arrangements were not always effective. The management team were not sighted on matters contributing to patient safety such as the process for ensuring staff had acted upon patient safety and MHRA alerts. Written monitoring records were not maintained for regular infection control checks. Prescription security and monitoring was not effective. There was limited clinical audit and quality monitoring to improve patient outcomes and experience for the extended hours service.
- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision, it was well understood and staff were committed to it. However, the vision and strategy for the extended hours service was not clearly defined.
- There was a clear leadership structure and staff felt supported by management. This was evident at local level and senior level. Staff were always able to contact senior managers and who were visible across the service.
- The views of patients and staff were gathered by means of questionnaires and comments cards and responded to.
- The service complied with the requirements of the duty of candour and encouraged a culture of openness and honesty.

Requires improvement



Summary of findings

What people who use the service say

The provider completed a site specific patient experience survey between August 2015 and August 2016. Five hundred and thirty four patients participated in the survey and results showed the King Edward VII Hospital Primary Care Centre was performing well and patients were satisfied with the extended hours service. For example:

- 85% of patients said the service they received was excellent and 14% said the service was very good or good.
- 99% of patients said they were treated politely and with respect by the healthcare professional they spoke with.
- 94% of patients said the GP explained their condition and treatment in a way they could understand.

- 50% of patients said they did not have to wait to be seen by a GP, 20% said they waited between one to 10 minutes and 30% said they waited between 11 to 30 minutes.
- 99% of patients said they would recommend the service to friends and family if they needed similar care or treatment.

We gathered the views of patients using the extended hours service. We spoke with three patients and received eight Care Quality Commission comment cards completed by users of the service. All feedback indicated they were impressed with the service they had received. They found staff polite, sensitive and caring and the extended hour's clinic very useful.

East Berkshire Primary Care Out Of Hours Services Limited – King Edward VII Hospital Primary Care Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included two specialist advisors (one GP and one operational manager; both with experience of working in an out-of-hours service).

Background to East Berkshire Primary Care Out Of Hours Services Limited – King Edward VII Hospital Primary Care Centre

East Berkshire Primary Care Out Of Hours Services Limited is a not-for-profit social enterprise that provides urgent medical care and advice out-of-hours (OOH) for approximately 400,000 patients in Berkshire, 30,000 in South Buckinghamshire and 250,000 in Richmond and

Twickenham from its operational headquarters in Bracknell. The provider also manages an extended hour's service at the St Marks Hospital and King Edward Hospital locations.

King Edward VII Hospital Primary Care Centre is one of the registered locations for East Berkshire Primary Care Out Of Hours Services Limited. The full address for this location is:

- King Edward VII Hospital Primary Care Centre, St Leonards Road, Windsor, Berkshire, SL4 3DP.

The administrative base and headquarters for East Berkshire Primary Care Out Of Hours Services Limited is located at Abbey House, Bracknell in Berkshire.

In October 2013, the Prime Minister announced a £50 million Prime Minister Challenge Fund to help improve access to general practice. These services are called extended hours services and are designed to stimulate and test innovative ways of providing primary care services in order to meet the changing lifestyle and needs of patients by enhancing the accessibility of GP services.

The provider offers an extended hour's service Monday to Friday between 6.30pm and 9.30pm, Saturday between 9am and 1pm, and Sunday between 11am and 2pm. All GP and nurse appointments are directly pre-booked by the GP practice that is part of WAM clinical commissioning group service.

Detailed findings

King Edward VII Hospital Primary Care Centre is situated in rented spaces from the Berkshire Healthcare Foundation Trust and the facilities are managed by the respective organisation.

The health of people in Windsor is comparable to the national averages. For example, 48% of people within Windsor have a long-standing health condition, comparable to the national average which is 54%.

Why we carried out this inspection

We inspected the service delivered at King Edward VII Hospital Primary Care Centre as part of our new comprehensive inspection programme. This was part of a wider East Berkshire Primary Care Out Of Hours Services Limited inspection.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 5 October 2016. During our visit we:

- Spoke with other organisations such as commissioners to share what they knew about the performance and patient satisfaction of the out of hour's service.
- Spoke with a range of staff employed by the service including receptionists, clinical staff, managers and board members. We spoke with sessional GPs and clinical staff.
- Observed how patients were treated at reception areas and spoke with four patients, carers and/or family members who used the service.
- Reviewed the personal care or treatment records of patients.
- Reviewed eight Care Quality Commission (CQC) comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Please note that when referring to information throughout this report, for example National Quality

Requirement data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system for reporting and recording significant events.

- There was a policy on what constituted a significant event and how this should be reported. The policy and the reporting forms known as 'IR1' forms were available on the East Berkshire Primary Care Out Of Hours Services Limited intranet and staff we spoke with knew how to access them. The incident recording form supported the recording of notifiable incidents including complying with the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care or treatment).
- We saw evidence that when things went wrong with care or treatment, patients or families were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to help to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared throughout the service and action was taken to improve safety. For example, investigation findings following a potentially unsafe clinical decision at one of the other locations that the service provided care and treatment from. Following this investigation, the full review was discussed at an internal Quality Governance Patient Safety and Risk Meeting which recommended additional awareness via the intranet including a specific risk assessments to be shared with all staff throughout the service.
- We noted an incident where staff were unable to log in on computers because information technology (IT) migration process was not fully completed. We saw following this incident the provider revised their protocol and advised all staff to share any changes in IT system with relevant parties in a timely manner.
- The provider did not have appropriate system in place for receiving and actioning safety alerts including medicine and equipment alerts. Information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance was received by

the operations manager and one of the medical directors. The operations manager actioned equipment alerts and we saw evidence showing when these alerts had been received and actioned. The medical director disseminated information about patient safety alerts and medicine recalls via email. While we did not see evidence of actions taken, the medical director said that they saved emails showing a cascade of the alerts. However, on the first day of the inspection (3 October 2016) we found a MHRA alert that had not been processed at headquarters; this had been resolved when we inspected the GP OOH service based at King Edward VII Primary Care Centre service on 5 October 2016.

Overview of safety systems and processes

We saw there were systems, processes and practices to keep patients safe and safeguarded from abuse. However, the inspection highlighted several systems which required a review:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. There were policies were accessible to all staff, which clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a nominated lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3.
- The provider had designed a computerised system to make referrals into many health and social services across Berkshire. The system allowed the user to input the referral details and send it automatically to all the relevant services. The administration team checked that the referral had been received. The provider had collated all the contact details from the services and agreed that the service would accept this form of referral. This meant that any delay or risk of referrals not going to the appropriate service was mitigated. This system was used to notify social services and the patients named GP of any safeguarding concerns. The lead GP for safeguarding was also copied in to the referral and he ensured that the named GP was aware of the concerns.

Are services safe?

- Staff we spoke with understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3. We saw records that all staff had completed adult safeguarding training.
- We saw notices advising patients that chaperones were available if required. All staff had access to a comprehensive service specific chaperone guide. This was accessed via 'web manuals' and mobile devices and included 12 different sections about the role of a chaperone. For example, one section clearly detailed chaperone policy consent and another section included a 10 stage checklist for consultations involving intimate examinations. All staff 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). However, staff who acted as chaperones referred only to guidance and had not received training for this role.
- Following the inspection, we saw the provider had prioritised chaperone training and approximately five members of staff across the service were completing chaperone training each day with a view for full compliance by the end of October 2016.
- The provider maintained appropriate standards of cleanliness and hygiene. Services were provided at the hospital premises and the provider had limited control over their environment. We saw the premises was clean and tidy. We reviewed the latest annual infection control audit which was undertaken in April 2016. We noted the provider had not carried out their own infection control audit and there was no action plan available to address the recommendations identified during previous audit carried out by King Edward VII Hospital. Staff we spoke with were not able to provide us evidence of regular monitoring checks of infection control procedures. Staff we spoke with were not aware who the infection control lead was. Needle stick injury and sharps protocols were not available or displayed in the clinical areas.
- We reviewed a sample of five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS checks).
- There were systems to check whether sessional GPs met requirements such as having current professional indemnity, registration with the General Medical Council, DBS checks and were on the Performers' list (the Performers' list provides a degree of reassurance that GPs are suitably qualified, have up to date training, have appropriate English language skills and have passed other relevant checks such as with the Disclosure and Barring Service).
- Equipment and medical supplies for the extended hour's service were stored in a locked storage room. We checked the trolleys for each consultation room, anaphylaxis kits, the medical supplies and storage facilities. At the end of each evening the medical trolleys were moved into secure storage. Staff told us that before they were next used a check would take place to replenish low stock of medical supplies and review the expiry dates. Staff told us the checks were manual checks but they were not recorded for the consultation room trolleys or expiry date checks of medicines in the anaphylaxis kits. We reviewed three trolleys which were well stocked.
- Staff we spoke with informed us that storage room stock control was managed by an administrator from head office through regular weekly visits and records were kept at the head office. Staff informed us they were able to request any low stock through the call centre if required.

Medicines Management

- The arrangements for managing medicines at the service, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The service carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in accordance with best practice guidelines for safe prescribing.
- In September 2016, the provider introduced a new process and supporting policies to manage prescription security. During the inspection we saw blank prescription forms for use in printers were securely stored in locked storage room accessible by receptionists, the nurse and GPs. Staff we spoke with explained the system the service used to monitor the use of prescriptions. This included a batch of 100 blank prescription forms delivered in an envelope by head office. However, blank prescription forms for use in

Are services safe?

printers were not handled in accordance with the national guidance as these were not tracked throughout the service and the prescription monitoring log was not maintained.

- Patient Group Directions were used by nurses to supply or administer medicines without a prescription. PGDs in use had been ratified in accordance with the Medicines and Healthcare products Regulatory Agency guidance.

Monitoring risks to patients

There were procedures for monitoring and managing risks to patient and staff safety.

- There was a health and safety policy, although there was no poster displayed which identified local health and safety representatives. There were up to date fire risk assessments and regular evacuation fire drills. All electrical equipment was checked to ensure the equipment was safe to use (portable appliance testing). Clinical equipment had not been tested and calibrated. However, we noted clinical equipment were less than 12 months old and we saw evidence that an appointment had been booked for 18 October 2016 to carry out testing and calibration. An asset register was held by the IT department which included all details of calibration and PAT testing information.
- There was a variety of other risk assessments to monitor aspects of safety. For example there was a risk assessment for King Edward VII Hospital Primary Care Centre and we saw that these were current.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. We reviewed the rotas for August 2016 and September 2016 and found there were enough staff to cover the call centres, primary care

centres and GP cover requirements. Where there were anticipated and actual gaps, GPs were contacted and offered an enhanced pay rate to cover the shifts. Home based GPs were also able to securely log on to the Adastra system and triage calls when the demand increased.

Arrangements to deal with emergencies and major incidents

The provider had adequate arrangements to respond to emergencies and major incidents.

- Basic Life Support training was included as part of the services mandatory training. Staff we spoke with and records we viewed confirmed they had received annual basic life support training.
- Emergency medicines and emergency equipment was available and stored in locked storage room. Staff we spoke with were aware of their location.
- The emergency medicines we checked were within date and fit for use. There were defibrillators and oxygen with adult and children's masks. Staff we spoke with informed us that emergency medicines and emergency equipment was checked and monitored by an administrator from the head office through regular weekly visits and records were kept at the head office.
- There was an instant messaging system on the computer system which alerted staff to any emergency, urgent cases or issues.
- The provider had a comprehensive business continuity plan for major incidents such as power failure, telephony outage including serious malfunction or failure of telephone system used by the NHS 111 service. There were plans to move services to other primary care centres within the group or a local GP practice in the event of being unable to access the centre. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- There were systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw all staff members had access to service process, policies, procedures and national guidelines via interactive 'web manuals' accessed via all work stations including mobile devices. Other guidelines published by organisations such as NICE and Public Health England (PHE) were disseminated in different ways.

Management, monitoring and improving outcomes for people

There was no evidence that the service was comparing its performance to others; either locally or nationally. After the inspection, the CCG provided us with details of the quality measures for this service which included outcomes for patient feedback; friends and family tests; serious incidents; complaints; staff safeguarding training levels; safety alerts; medicines management and infection control audit.

Data on patient outcomes was not available as there were limited clinical audits or monitoring of quality improvement for the service. The audits we saw completed were related to medicines management and cervical screening.

- For example, routine pre-bookable appointments for cervical smear testing were offered with practice nurses. The provider ensured all results were sent to patients own surgeries for checking and follow up. Nurses were auditing their own smear results and were contacting the patient if any inadequate or abnormal results were encountered. The provider was considering establishing a centralised database to record the smears and in the meantime decided to undertake its own audit checks of cervical smear sampling. The provider had carried out an audit on 10 October 2016 and analysed all nurse

appointments between May and July 2016. During audit it was found that the provider had carried out 52 cervical smear tests and all results were adequate which did not require follow up.

In addition, we reviewed three clinical audits completed in the last 12 months for the provider but there was no systematic audit programme to demonstrate quality improvement specifically in the extended hours service. Two of these audits had a second cycle to complete the full audit cycle and we saw information to show improvements had been made. The common theme throughout all three audits was to review antibiotic (antibiotics are used to treat or prevent some types of bacterial infection) prescribing habits for the service when they assessed patients with suspected or confirmed infections.

- One of the audits we reviewed commenced in November 2015 and evaluated antibiotic prescribing for sore throat symptoms against the NICE clinical guidelines, Public Health England (PHE) guidelines and local infection management guidelines. Of 22 consultations, four parameters of correct antibiotic prescribing was correct in 14 cases, this equated to 64%. Findings were used by the service to endeavour to improve antibiotic prescribing. Actions included a themed antibiotic review using clinical guardian and increased awareness of correct course length. A repeat of this audit in July 2016 showed a 13% improvement on the previous results. Despite the improvement, the provider wished to further increase the adherence of correct antibiotic prescribing and implemented a four point action plan. Further actions on this plan was a full discussion in the next Quality, Governance, Patient Safety and Risk Group (QGPSR), continued feedback on prescribing through clinical guardian and a third cycle of audit six months' time.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The management of training and development was undertaken at the provider's head office in Bracknell.

- The provider employed 170 members of staff, this included substantive staff, bank and self-employed staff.

Are services effective?

(for example, treatment is effective)

This included 10 members of staff who formed the QGPSR Group, 13 members of staff who were provider Council Members and 10 members of staff who formed the clinical guardian audit team.

- Overseen by the Chief Executive, Council Members and Directors; the operations manager, departmental managers, together with a team of GPs, nurses, drivers, call handlers and administration staff undertook the day to day management and running of the service.
- There was an induction programme for all newly appointed staff. This enabled new staff members to become familiar with the way the provider operated, the systems the service used and services ethos.
- During the inspection staff told us they were given sufficient time for training, including training on changes to policies, process and standard operating procedures.
- The service employed staff who had the appropriate skills and training to perform their required duties. This included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that staff were up to date with attending courses such as annual basic life support, fire safety awareness, information governance and safeguarding. Staff told us that they received regular communication informing them of any outstanding training, during the inspection we saw that throughout all staff groups 94% of training had been completed. The remaining 6% had been scheduled and where we identified gaps in training records the service was able to describe why staff had not received the training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included one-to-one meetings, coaching and mentoring. We saw out of 170 staff, 147 (86%) have had an appraisal within the previous 12 months. All other staff have had received an appraisal previously or were due to receive one (except new starters). For the remaining 23 members of staff whose appraisal was due, we saw an individual log detailing when managers had been in contact with staff and other mitigating circumstances. Part time staff working once a week or less told us they had the option for either a full or mini appraisal.
- However, we noted five out of seven nurses working in the prime ministers funded extended hours service had not received an appraisal within the last 12 months.

Coordinating patient care and information sharing

- The provider used an electronic patient record system called Adastra. Information provided from local GP practices was entered onto the system and these records could be accessed and updated by clinicians and staff, emergency department staff in Berkshire, district nurses, palliative care nurses and other health professionals about patients, with the consent of the individual concerned. The system was also used to document, record and manage care patients received.
- Staff we spoke with found the systems for recording information easy to use and had received training. Clinical staff undertaking home visits also had access to IT equipment so relevant information could be shared with them while working remotely. Staff told us they felt that the equipment they used was both effective and robust.
- Furthermore, information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's easy to use 'web manuals'.
- Information relating to patient consultations carried out during the extended hours service was transferred electronically to a patient's GP. Staff told us systems ensured this was done automatically.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005 and the Children's Acts 1989 and 2004. Where a patient's mental capacity to consent to care or treatment was unclear the clinician assessed the patient's capacity and recorded the outcome of the assessment. Staff also described how they seek consent in an emergency situation in line with the services consent policy.
- Staff had access to information such as do not attempt resuscitation (DNR) orders through special patient notes (SPNs) so that they could take it into account when providing care and treatment. However the provision of this information was dependent on GP practices adding such notes on to the patient notes. We saw examples of 'palliative/special care' cases identified to GPs via a Special Notes field on the computer system.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We obtained the views of patients through the Care Quality Commission comment cards patients had completed. We received eight comment cards and spoke with three patients who had used the service. All feedback positively described the service including comments about the facilities, the staff and the care received.

During the inspection we saw and heard members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- During the inspection we saw patients were either called from the waiting room individually, taken to a consultation room or we saw the GP come to the waiting area, call patients and introduce themselves before taking them to the consultation.
- We noted that consultation room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff who we spoke with said when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. During the inspection we saw that staff were mindful and adherent to confidentiality policy when discussing patients' treatments so that information was kept private.

The provider had issued a patient satisfaction survey between August 2015 and August 2016. We saw 534 patients participated in the survey and results showed the King Edward VII Hospital Primary Care Centre was performing well and patients were satisfied with the extended hours service. For example:

- 85% of patients said the service they received was excellent and the 14% said the service was very good or good.
- 99% of patients said they were treated politely and with respect by the healthcare professional they spoke with.

The provider had adapted the NHS Friends and Family Test (FFT). This national test was created to help service providers and commissioners understand whether their patients were happy with the service provided, or where improvements were needed.

- 99% of patients said they would recommend the service to friends and family if they needed similar care or treatment.

Care planning and involvement in decisions about care and treatment

Patients we spoke with said that they were involved in decision making about the care and treatment they received so far as this was applicable. This was corroborated by the patients' views from the comment cards. They said they were listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Staff we spoke with had a good understanding of consent and of the need to involve patients in decision making. A range of information was available, through the service's 'web manuals' and the clinical system, to staff concerning capacity and decision making, to support them.

Results from the patient satisfaction survey (from August 2015 to August 2016) showed:

- 94% of patients said the GP explained their condition and treatment in a way they could understand.

Staff we spoke with were not aware that translation services were available for patients who did not have English as a first language. Information about a translation service was not displayed in the reception area informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

There was limited information which informed patients how to access a number of support groups and organisations in the Windsor area.

All GPs had access to the service's bereavement policy via the 'web manuals'. We saw this policy included information for urgent death certificates due to religious grounds, coroner contact telephone numbers alongside local Berkshire bereavement support services and charities.

Are services caring?

Policy and processes prioritised palliative care calls to ensure they received timely care and treatment. Clinical

staff could give a direct telephone number to the carers of palliative care patients so saving valuable time, stress and the repetition of the details of their very distressing circumstances.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The provider engaged with the NHS England Area Team and the local Clinical Commissioning Groups (CCG) to provide the services that met the identified needs of the local population of East Berkshire and Richmond. The local CCGs conducted needs' assessments to find where services were required and provided those services from the various primary care centres across the area.

They understood and responded to patients' needs. For example, access to the Out of Hours (OOH) GP service was provided through the extended hours service. Pre-bookable appointments with GPs and practice nurses (PNs) were booked directly by the cluster of local general practices (GPs) signed for the extended hours service.

The service used Quality and Activity Reports which it submitted to the Clinical Commissioning Group (CCG) to monitor the quality of the service patients received. We reviewed reports for the period August 2015 to February 2016. Data showed:

- 46% of appointments were used by patients aged between 21 to 50 years old, which included working age patients and students.
- 29% of appointments were used by patients aged between 51 to 80 years old, which included working age patients and those recently retired.
- We noted an upward trend in the number of appointments taken by patients. For example, we saw a 300% increase from August 2015 until February 2016.

In addition, we reviewed Quality and Activity Reports for the previous six months covering March 2016 to August 2016. Data from the Quality and Activity Reports (March 2016 to August 2016) showed:

- 3,208 GP appointments were made available in Windsor at King Edward VII Hospital Primary Care Centre to the practices.
- 913 nurse appointments were made available in Windsor at King Edward VII Hospital Primary Care Centre to the practices.
- 4,076 GP appointments were made available in Maidenhead at St Marks Hospital Primary Care Centre to the practices.

- 1,635 nurse appointments were made available in Maidenhead at St Marks Hospital Primary Care Centre to the practices.

The three patients we spoke with and the eight Care Quality Commission comment cards we received were positive about the timeliness and efficiency of the consultations.

- The premises had automatic doors at the entrance to the building, the centre had a clear, obstacle free access, disabled toilets and height adjustable couches were available in the treatment rooms. This made movement around the service easier and helped to maintain patients' independence. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms.
- Palliative care or end of life patients were able to contact the service directly if they had a health concern out of hours.

Access to the service

- The provider only offered pre-bookable extended hours appointments with GPs and practice nurses (PNs)
- This service was provided on each week day evening between 6.30pm and 9.30pm, Saturday between 9am and 1pm, and Sunday between 11am and 2pm by a nurse or GP for patients who had been booked into the service by the practices.
- This service had reduced pressures of patients accessing urgent and emergency care in Windsor. For example, the provider had issued a patient satisfaction survey between August 2015 and August 2016. Five hundred and thirty four patients participated in the survey and results showed 40% patients responded that they would have gone to urgent and emergency care centres if the extended hours appointment was not available.
- This service provided appointments for urgent care and for routine primary care treatments on behalf of practices in the Maidenhead area. For example, cervical screening, childhood immunisations and the management of long term conditions.

Written and verbal feedback and information from patient experience surveys indicated patients were satisfied with the appointments system and the timeliness of the out of hours service. For example:

Are services responsive to people's needs?

(for example, to feedback?)

- 50% of patients said they did not have to wait to be seen by a GP, 20% said they waited between one to 10 minutes and 30% said they waited between 11 to 30 minutes.

Listening and learning from concerns and complaints

The service had an effective system in place for handling complaints and concerns.

- We found the service had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England and the NQR standard.
- One of the senior medical directors was the designated person and was supported by the patient experience manager who handled all complaints and feedback received into the service.
- The service reported that there had been 20 complaints received in the last 12 months, the ratio of number of complaints to patient contacts was 0.03%. Three of these complaints referred to the service received at King Edward VII Hospital Primary Care Centre.
- We looked at a sample of the complaints received and found they were all handled appropriately, in line with the service complaints procedure and complaints analysed to detect any themes. We noted that the responses were offered an apology, were empathetic to the patients and explanations clear.
- We saw minutes of these meetings which demonstrated a discussion of the complaints, identified the relevant learning points and action taken to as a result to improve the quality of care.
- During the inspection we saw there was information available to help patients understand how to make a complaint, however this was a general NHS complaint leaflet and was not specific to the service. During the inspection we did see a specific verbal complaints information form, however a written complaint form was not on display or available at reception to raise a complaint. Staff we spoke with were fully aware of the complaints process and how to explain this to patients. None of the patients we spoke with during the inspection had ever needed to make a complaint about the extended hours service.
- Information about how to and who to complain to was detailed in full on the services website.

Are services well-led?

Requires improvement 

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

Our findings

The provider had a clear vision to deliver high quality care. There was evidence of strong collaboration and support across all staff and a common focus on improving quality of care and promoting positive outcomes for patients in Berkshire and Richmond.

However, the vision and strategy for the extended hour's services was less formalised and the provider described relationship and management difficulties with the clinical commissioning group programme board. This had led to weaker leadership and governance in the extended hour's service.

Governance arrangements

There were governance arrangements were in place, however improvements were required.

- The service and management team were not sighted on matters contributing to patient safety such as the process for ensuring staff had completed chaperone training and the service had acted upon patient safety and MHRA alerts.
- The arrangements for identifying, recording and managing the majority of risks, issues and implementing mitigating actions. However, improvements were required. For example, the number of staff undertaking chaperone duties without training and also the medical safety alerts not being identified effectively. We identified issues of risk in relation to the tracking of blank prescription forms for use in printers and staff we spoke with were not able to provide us evidence of regular monitoring checks of infection control procedures.
- The performance measure focused around the number of appointments available and the 22 clinical commissioning operational quality measures. This did not include clinical performance or measures to identify quality improvement.
- There were limited clinical audits or monitoring of quality improvement and there was no systematic programme to monitor quality and to make improvements.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff we spoke with understood who their managers were and how to contact them. They said the Council Members and management team always responded when contacted.
- There were policies and processes available through the services intranet known as 'web manuals'. Staff said that the system was easy to use and the policies were easy to understand. We asked a number of staff to demonstrate their familiarity with the system and not all were able to do so. However, staff were confident that if they did not know about a policy they would be able to find out.

Leadership and culture

The provider ensured compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

- There was a culture of openness and honesty. When things went wrong with care and treatment the provider gave people who were affected reasonable support, truthful information and a verbal and written apology. There were written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management. There were high levels of staff satisfaction. Staff we spoke with were proud to work for the provider and spoke highly of the senior team. There were consistently high levels of constructive staff engagement which included a staff survey.
- During the inspection we spoke with a GP who spoke of the quality of leadership and support received from GPs and other.
- The leadership and governance of the extended hours service was combined with the overall leadership provider team. However, leaders reported concerns with managing the extended hours service. Until recently the clinical commissioning group was responsible for the employment of managers for this service. The provider described that the relationship between East Berkshire Primary Care Limited and the CCG programme board could be improved to ensure a safe and well led service.
- Staff at all levels were actively encouraged to raise concerns.

Are services well-led?

Requires improvement 

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

- There were regular team meetings. Staff at all levels were encouraged to attend. For example staff who worked nights were paid to attend local meetings which were held outside their usual working hours.
- Staff said they felt respected, valued and supported, one of the drivers we spoke with told us despite the role being remote and in unsocial hours, they felt well supported by managers and saw senior managers regularly. Staff were able to contact a duty manager at any time.

Seeking and acting on feedback from patients, the public and staff

The provider encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback using the extended hours service.

- The provider had gathered feedback from staff through staff meetings, staff surveys, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the service was run.
- The service had a whistleblowing policy which included external contacts details and how to access independent advice. Whistleblowing is the act of reporting concerns about malpractice, wrong doing or fraud. Within the health and social care sector, these issues have the potential to undermine public confidence in these vital services and threaten patient safety.

Staff told us that patient engagement was difficult as the service provided single episodes of care. However they had tried innovative approaches including:

- The provider made full use of the three most popular social media communication mediums to promote the extended hours services and acted as a method to collect patient feedback. Social media was regularly updated, was specific to East Berkshire and one recent update highlighted World Mental Health Day including information if people wanted further information about mental health.

Continuous improvement

There was a focus on continuous learning and improvement, specifically moving the out of hours service from a paper based service to a paper free service.

- The telephone system had been reviewed and the new system was ready to launch.
- Introduction of web-based risk management database to record all risk management activity, including incidents, complaints, claims, coroner's inquests and queries. This will also allow the service to record and search data by severity and category.
- In November 2016, the service told us they will launch an electronic health record and integration engine. This will combine information from GP systems, acute hospital operational systems, social care, community and mental health systems and present information in a single health care record for each patient. This shared record will be accessible by care providers across a whole health economy.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|--|
| Diagnostic and screening procedures | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found the registered person did not have effective governance, assurance and auditing processes and they were required to further review, assess and monitor the governance arrangements in place to ensure the delivery of safe and effective services. For example:</p> <p>The provider was required to review and improve the system in place to ensure management of blank prescription forms for use in printers, monitor infection control procedures, and monitor consultations notes were sent to the patients GP practice in a timely manner at the King Edward VII Hospital Primary Care Centre.</p> <p>Quality improvement activity was not always carried out at a location level, including clinical audits or quality monitoring.</p> <p>The assessment of risk relating to the health, safety and welfare of patients was not effectively undertaken.</p> <p>Systems in place to ensure action was taken in relation to patient safety alerts and MHRA (Medicines and Healthcare Products Regulatory Agency) alerts was not effective.</p> <p>This was in breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Family planning services | |
| Surgical procedures | |
| Transport services, triage and medical advice provided remotely | |
| Treatment of disease, disorder or injury | |