

Extended Hours and Out of Hours service (known as the STAR service)

Inspection reportBrotton Surgery

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

Ratings

Overall summary

We carried out an announced, comprehensive inspection of ELM Alliance Limited on 25 January 2018. We identified two breaches of regulations and issued a warning notice for one of the breaches. This focused inspection carried out on 13 September 2018 was an announced focussed follow-up inspection, without ratings, to check whether the provider had taken steps to comply with the legal requirements for this breach of:

- Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing

This report covers our findings in relation to those requirements.

The full comprehensive report on the January 2018 inspection can be found by selecting the 'all reports' link for Hirsell Medical Centre – ELM Alliance on our website at www.cqc.org.uk.

Our key findings were as follows:

Overall improvements had been made with respect to the management of staffing following our last inspection on 25 January 2018. For example:

- Improvements had been made with regard to effective governance within the service. For example, training and recruitment records were centrally recorded and all staff received a corporate induction to the service.

- Supervision sessions for clinical and non-clinical staff were held on a monthly basis and records of attendance kept in a centrally managed record.
- The provider had satisfied themselves that all clinical staff had medical indemnity which covered them for the correct number of clinical sessions.
- The provider had introduced the use of a risk management tool for reporting of incidents. This had increased the effectiveness of reporting, lessons learned and feedback to staff.

On the day of inspection, 13 September 2018, the inspection team found that the provider was compliant with the breach of regulation previously identified in January 2018. (Regulation 18 Health and Social Care Act 2008(Regulated Activities) Regulations 2014: Staffing)

As this September 2018 inspection focussed only on the improvements from the issued warning notice, further comprehensive inspections of the locations, including all five key lines of enquiry, will take place in the coming months.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC Inspector.

Background to Brotton Surgery

As a response to some safety concerns raised with the Care Quality Commission, we undertook an unannounced inspection of ELM Alliance Limited, (Redcar Hospital, West Dyke Road, Redcar, TS10 4NW) on the evenings of 11 July 2017 and 12 July 2017. At that inspection we gave the provider an overall rating of 'inadequate'. Further focussed inspections were undertaken in November 2017 and January 2018. At our January 2018 inspection, we were satisfied that some improvements had been made and the provider was given an overall rating of 'requires improvement'. At that January 2018 inspection we identified a further two breaches of regulation. We issued a warning notice for one of those breaches; Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing. This September 2018 inspection was a focussed follow-up inspection to assess the progress of actions against that warning notice.

ELM Alliance Limited is commissioned by South Tees Clinical Commissioning Group (CCG) to operate the extended hours GP service (with appointments during the evening and out of hours) across South Tees. ELM Alliance, a federation of all GP practices within South Tees CCG, took over the operation on 1 April 2017, offering care to around 300,000 patients. The service operates from 6pm until 8am every day. From 6pm until 9.30pm extended hours appointments are available at all four of the locations. At 9.30pm every evening the locations at North Ormesby and Brotton close. The Middlesbrough and Redcar locations continue to deliver services from 9.30pm until 8am every day, as the organisation operates

as an out of hours service during these times. It offers urgent care appointments, as well as routine face-to-face and home visit appointments to patients who have been referred to it via their own GPs; or urgent care appointments by the NHS 111 service.

Park Surgery, Linthorpe Road, Middlesbrough TS1 3QY is one of four locations registered by ELM Alliance Limited to deliver the enhanced urgent care service across the South Tees area. Since the beginning of July 2018, ELM Alliance has ceased to deliver services from the Park Surgery location and has moved to Bluebell Medical Centre, TS5 8SB. The additional locations are at Redcar Primary Care Hospital, Hirsell Medical Practice in North Ormesby, TS3 6AL, and Brotton Hospital in Saltburn, TS12 2FF. The service also has a vehicle which is used to transport clinicians to home visits during the night. On the day of our September 2018 inspection we visited the Hirsell location, to look at administrative and organisation functions. We did not inspect the clinical areas of this location.

There are 113 staff members working for the provider, many of whom have a zero hours contract or annualised hours arrangement in place. These include 45 GPs, 25 advanced nurse practitioners, one emergency care practitioner, six treatment room nurses, ten health care assistants and 26 administrative staff. Locums are used on a regular basis, in addition to the contracted staff. Many staff carry out their duties from more than one of the registered locations.

Are services well-led?

During the previous inspection of ELM Alliance Limited in January 2018 we found that the provider could not demonstrate that services were being well-led. We identified concerns in relation to governance arrangements, leadership and oversight, acting on concerns and continuous improvement. During this focused inspection, carried out on 13 September 2018, we found that improvements had been made to address these matters. Findings included:

Leadership capacity and capability

- Changes to the management structure since our last inspection meant that senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- The provider had developed a system of 'hub' leadership, whereby four senior managers were each responsible for one of the four locations. Inspectors were told that this had created a consistent approach to the delivery of care and improved communication between staff and managers.
- We saw evidence that regular communication was prioritised at all levels. For example; there were regular meetings which spanned all staffing groups and levels, a 'safety first' huddle took place at the start of every shift, regular newsletters and thematic analyses were circulated, outlining service developments.

Culture

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. For example, we saw email evidence that misuse of SMART cards and failure to complete mandatory training within timescales would not be tolerated by the provider.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. In February 2018, the provider introduced a staged approach to an electronic system of online reporting of incidents. On the day of inspection, we saw that the provider had now fully migrated to the electronic system, and that incident reporting activity remained a priority.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. We saw evidence that many staff had completed an appraisal and all others had booked dates for completion.
- The provider considered the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- A dedicated governance manager post had been created and we saw evidence that this post was contributing to delivering improvement.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. All risks were stored on a central electronic matrix and were re-visited and updated at regular intervals.

The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of Medicines and Healthcare Regulatory Agency (MHRA) alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators.

Are services well-led?

Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.

The provider had plans in place and had trained staff for major incidents. The provider's business continuity plan had been effectively initiated in the previous days, when there had been an adverse plumbing incident at one of the locations, rendering the hub unusable.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Inspectors saw evidence that an incident involving the sharing of a SMART card between clinicians was investigated and acted upon.

Engagement with patients, the public, staff and external partners

- We saw evidence of a current staff survey and how the findings would be fed back to staff.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- The service made use of internal and external reviews of incidents and complaints.
- Learning was shared and used to make improvements.

On the day of our inspection the provider could demonstrate improvement in some of the areas where the inspection team had previously found that it was in breach of Health and Social Care Act (2008) regulations. The service is on a trajectory of development and improvement. The inspection team found on 13 September 2018, that the risks highlighted in the warning notice issued to the provider, had significantly reduced. Further comprehensive inspections of the locations including all five key lines of enquiry will take place in the coming months.