

# East Berkshire Primary Care Out of Hours Services – St Marks Hospital Primary Care Centre

## Quality Report

St Marks Hospital Primary Care Centre  
St Marks Hospital  
St Marks Road  
Maidenhead  
Berkshire  
SL6 6DU  
Tel: 03000 243 333  
Website: [www.ebpcooh.org.uk/](http://www.ebpcooh.org.uk/)

Date of inspection visit: 5 July 2017  
Date of publication: 18/08/2017

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 well-led?	Good	
------------------------	------	---

# Summary of findings

## Contents

### Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4

### Detailed findings from this inspection

Our inspection team	7
Background to East Berkshire Primary Care Out of Hours Services – St Marks Hospital Primary Care Centre	7
Why we carried out this inspection	7
How we carried out this inspection	7
Detailed findings	9

## Overall summary

### Letter from the Chief Inspector of General Practice

Our previous comprehensive inspection at East Berkshire Primary Care Out of Hours Services Limited – St Marks Hospital Primary Care Centre on 5 October 2016 found a breach of regulations relating to the safe and well-led delivery of services. The overall rating for the service was requires improvement. Specifically, we found the service to require improvement for the provision of safe and well led services. The service was rated good for providing effective, caring and responsive services. The full comprehensive report on the October 2016 inspection can be found by selecting the ‘all reports’ link for East Berkshire Primary Care Out of Hours Services Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 5 July 2017 to confirm that the service had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection in October 2016. This report covers our findings in relation to those requirements and improvements made since our last inspection.

We found the service had made improvements since our last inspection. At our inspection on the 5 July 2017 we found the service was meeting the regulations that had previously been breached. We have amended the rating

for the service to reflect these changes and improvements. East Berkshire Primary Care Out of Hours Services Limited – St Marks Hospital Primary Care Centre is now rated good for the provision of safe, effective, caring, responsive and well led services. Overall the service is now rated as good.

Our key findings were as follows:

- East Berkshire Primary Care Out of Hours Services had comprehensively reviewed the existing governance framework in place and embedded the current models of best practice across all of the services locations.
- The medicines management team had implemented new processes to ensure that the service actioned all patient safety alerts and MHRA (Medicines and Healthcare Products Regulatory Agency) alerts.
- The service reviewed the Controlled Drug Home Office licence requirements and contacted the Home Office for confirmation and to begin the registration process.
- There was now a designated person specifically to manage quality, ensure improvements were made and sustained. This included consideration of location specific clinical audits to review, monitor and improve outcomes for people accessing care and treatment at the different locations within the service.

# Summary of findings

- The service had reviewed the internal arrangements to respond to emergencies and major incidents. This review had led to the emergency grab bags positioned throughout the service with appropriately signage and awareness training for staff.
- There was a monitoring system to manage risks associated with cleanliness, infection control and consumables (medical equipment and medicines) across the service. Internal auditing (including premises and out of hours vehicles) infection control auditing and quality auditing was now bi-monthly and specific to each site. We saw there had been a complete review of the medical equipment and medicines held across the service.
- The service had reviewed and taken steps to improve signage across all five primary care centres to ensure patients visiting each site could access the services without delay.
- Arrangements to manage training had been strengthened. Specifically, we saw all staff undertaking chaperoning duties, including the drivers of out of hours vehicles, had received appropriate chaperone training. Furthermore, as part of the review of training arrangements a member of staff had been appointed to monitor all training arrangements within the service.
- Information for patients about the complaints procedure was clearly on display and carried in vehicles for patients receiving care and treatment in their place of residence.
- There was an appraisal programme and all staff had received an annual appraisal within the last 12 months.

**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 had taken appropriate action and is now rated as good for the provision of safe services.

Our last inspection in October 2016 identified concerns relating to the management of medicines across the service. This included a limited system used to monitor patient safety alerts and MHRA (Medicines and Healthcare Products Regulatory Agency) alerts, security of prescription stationery and the lack of a Controlled Drug Home Office licence.

We also saw concerns regarding the system used to record chaperone training and the medical supplies and equipment used in the extended hours service. Furthermore, there was also a concern regarding the availability of emergency equipment and emergency medicines.

During the inspection in July 2017, we saw the concerns had been addressed:

- The service had comprehensively reviewed national guidance relating to the management of medicines. This included a specific review of guidance relating to out of hours GP services.
- The review resulted in a new system which monitored patient safety alerts and MHRA alerts. We saw an effective system whereby notifications were investigated by the medicines management team and appropriate action taken.
- Prescription stationery was stored securely and tracked through the service at all times; this included when prescriptions were in the out of hours vehicles.
- We saw that, immediately after the October 2016 inspection, the service had reviewed the Controlled Drug Home Office licence requirements and contacted the Home Office for confirmation and the registration process. Until the licence was issued there was a contingency arrangement to mitigate potential risks in place. This arrangement was with local pharmacists to provide an on-call Controlled Drugs service.
- Staff had undertaken chaperone training relevant to their role. We saw chaperone training arrangements were now consistent; there was a system to identify when staff had training and when

Good



# Summary of findings

it would need to be refreshed. This system and staff files including certificates indicated all staff had completed chaperone training relevant to their role and to cover the scope of their work. This included the drivers of out of hours vehicles.

- The service had reviewed the internal arrangements to respond to emergencies and major incidents. This review had led to the emergency grab bags positioned throughout the service with appropriate signage and awareness training for staff.
- There was a monitoring system to manage risks associated with cleanliness, infection control and consumables (medical equipment and medicines) across the service. Internal auditing (including premises and out of hours vehicles) infection control auditing and quality auditing was now bi-monthly and specific to each site. We saw there had been a complete review of the medical equipment and medicines held across the service.

## Are services well-led?

The service had taken appropriate action and is now rated as good for the provision of well-led services.

Our last inspection in October 2016 identified concerns relating to several areas of weakness within the services' governance arrangements. There was a governance framework, but this did not always support appropriate arrangements to monitor and improve quality and identify risk. 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, patient safety and MHRA alerts and some medicines management systems were not always effective.

We saw clinical and internal audits were used to monitor quality and to make improvements at a provider level. However, there was no consideration of location-specific clinical audits to review, monitor and improve outcomes for people accessing care and treatment at the different locations within the service.

During the inspection in July 2017, we saw the concerns had been addressed:

- The service had taken steps to improve systems, processes and practices in place to manage medicines and keep patients safe. For example, there was a new system which monitored patient safety alerts and MHRA alerts. We saw an effective system whereby notifications were investigated by the medicines management team and appropriate action taken.

**Good**



# Summary of findings

- We saw evidence that there was an effective monitoring system in place to ensure all staff had undertaken training relevant to their role, specifically chaperone training.
- The service had employed a Quality Manager with a view to manage and monitor quality improvement activity. We saw location specific audits had been completed including GP demand audits and clinical audits for example antibiotic prescribing audits reviewing prescribing habits across all of the different locations within the service. We saw all recommendations made within the variety of completed audits had been discussed with the Quality Governance Patient Safety and Risk (QGPSR) Committee.
- We saw the Quality Manager had completed appraisals for members of the nursing team and all staff working on the service had received an annual appraisal within the last 12 months.
- The leadership team now ensured infection control was now comprehensively monitored through weekly checks and bi-monthly infection control audits. We saw when a check or audit highlighted an area for improvement, the remedial action was recorded and subsequent actions completed and reviewed.
- Governance arrangements had been proactively reviewed and took account of current models of best practice. For example, in January 2017 the service was issued with the Care Quality Commission inspection report (following the October 2016 inspections) which highlighted a regulatory breach relating to good governance. We found all the actions had been completed at the inspection on the 5 July 2017.

# East Berkshire Primary Care Out of Hours Services – St Marks Hospital Primary Care Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was completed by a CQC Inspector.

## Background to East Berkshire Primary Care Out of Hours Services – St Marks 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.

St Marks Hospital Primary Care Centre is one of the registered locations for the OOH GP service provided by East Berkshire Primary Care Out Of Hours Services Limited.

The full address for this location is:

- St Marks Hospital Primary Care Centre, St Marks Hospital, St Marks Road, Maidenhead, Berkshire, SL6 6DU.

The administrative base and headquarters for East Berkshire Primary Care Out Of Hours Services Limited is located at Abbey House, Bracknell in Berkshire. St Marks Hospital Primary Care Centre is situated in space rented from the Berkshire Healthcare Foundation Trust and the facilities are managed by the respective organisation.

The service is contracted by the NHS clinical commissioning groups across Berkshire and provides OOH primary medical services to registered patients and those requiring immediately necessary treatment in Maidenhead, Berkshire and the surrounding area when GP practices are closed. This includes overnight, during weekends, bank holidays and when GP practices are closed for training. Most patients access the out of hour's service via the NHS 111 telephone service. Patients may be seen by a clinician, receive a telephone consultation or a home visit, depending on their needs. Occasionally patients access the service as a walk-in patient.

The provider also manages an extended hour's service at the St Marks Hospital and King Edward Hospital locations, this extended hours service is called 'GP Hub'. GP Hub was

# Detailed findings

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 GP Hub service is open 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 Windsor, Ascot and Maidenhead Clinical Commissioning Group.

The health of people in Maidenhead is better when compared with the national averages. For example, 47% of people within Maidenhead have a long-standing health condition, lower when compared to the national average which is 54%. The higher percentage of people with a long-standing health condition could mean increased demand for GP services including OOH services. The age distribution of the population of Maidenhead is largely similar to the national averages. Life expectancy for both men and women is similar when compared with the national average.

## Why we carried out this 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 previous inspection took place on 5 October 2016 and we published a report setting out our judgements. These judgements identified a breach of regulations. 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.

We carried out a follow up inspection on 5 July 2017 to follow up and assess whether the necessary changes had been made, following our inspection in October 2016. We focused on the aspects of the service where we found the provider had a breach of regulations during our previous

inspection. We followed up to make sure the necessary changes had been made. We found the service was meeting all the conditions of regulations that had previously been breached.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, review the breaches identified and update the ratings provided under the Care Act 2014.

This report should be read in conjunction with the full inspection report.

## How we carried out this inspection

Before visiting on 5 July 2017, the service confirmed they had taken the actions detailed in their action plan.

- We reviewed the previous Care Quality Commission (CQC) inspection report and the action plan submitted by the service outlining how they would make the necessary improvements to comply with the regulation.
- We have not revisited the primary care centres as part of this inspection because the service was able to demonstrate that they were meeting the regulations associated with the Health and Social Care Act 2008 through a formal meeting at the administrative base and headquarters for East Berkshire Primary Care Out Of Hours Services Limited in Bracknell on 5 July 2017.
- During that meeting, we met with the management team including the Chief Executive, Director, Operations Manager and Nurse Quality Manager. We reviewed information given to us by the service and also reviewed processes and documents relevant to the management of the service including revised medicine management and chaperone arrangements.

All were relevant to demonstrate the service had addressed the breach of the regulations identified at the inspection in October 2016.



# Are services safe?

## Our findings

When we inspected East Berkshire Primary Care Out of Hours Services Limited – St Marks Hospital Primary Care Centre in October 2016, we identified concerns relating to the management of medicines across the service. This included a limited system used to monitor patient safety alerts and MHRA (Medicines and Healthcare Products Regulatory Agency) alerts, security of prescription stationary and the lack of a Controlled Drug Home Office licence.

We also saw concerns regarding the system used to record chaperone training. 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. This had resulted in members of staff performing chaperone duties without appropriate training.

Furthermore, there was also a concern regarding the availability of emergency equipment and emergency medicines.

We reviewed information obtained during the inspection in July 2017 and found the service had made improvements to address the concerns previously identified.

### Overview of safety systems and processes

The service had strengthened existing systems, processes and practices to keep patients safe from harm. We saw this included a full review of the systems the service used to manage medicines and chaperones.

- The service had comprehensively reviewed national guidance relating to the management of medicines. This included a specific review of guidance relating to out of hours GP services.
- The review resulted in a new system which monitored patient safety alerts and MHRA alerts. We saw an effective system whereby notifications were investigated by the medicines management team and appropriate action taken. The service had subscribed to receive patient safety alerts issued via the Central Alerting System (CAS). CAS is a web-based cascading system for issuing alerts, important public health messages and other safety critical information and guidance to the NHS and other organisations, including independent providers of health and social care. The alerts were shared between several members of the service who had access to and understanding of the medications, equipment and consumables used within the service. We saw each CAS alert was recorded on a specific notification register which was stored and shared with the CAS Group via the services internal messaging systems. Notifications were then investigated by the medicines management team, established if the service held the stock concerned, and if so, the batch and expiries were checked and notification of immediate removal was sent to the out of hours bases. We saw all actions were recorded on the CAS register.
- There was a service specific protocol for the safe and secure storage of blank prescriptions. We saw blank prescription forms and pads were safely and securely stored in a designated area in the service and when in use in the out of hours vehicles. There was also a system in place to log and monitor prescription use across the service.
- We saw immediately after the October 2016 inspection; the service had reviewed the Controlled Drug Home Office licence requirements and contacted the Home Office for confirmation and the registration process. The service had successfully registered with the Home Office and had begun preparations to ensure that the licence was put into place. The service provided various forms of communication from the Home Office which commenced in October 2016. The Home Office had confirmed that the although the licence was yet to be issued, the current Controlled Drug arrangements, East Berkshire Primary Care Out of Hours Services had to manage Controlled Drugs was appropriate and safe.
- The service also discussed if there continued to be a delay in the license being issued, a contingency arrangement to mitigate potential risks was in place. This arrangement was with local pharmacists to provide an on-call Controlled Drugs service.
- Notices advised 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 (for mobile GPs and drivers who saw patients in their own homes) and included 12 different sections about the role of a chaperone. At the previous inspection, all staff we spoke with understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination and staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record

## Are services safe?

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). The previous concern regarding some members of staff not having chaperone training had been addressed. Following the October 2016 inspection, we saw the provider had prioritised chaperone training and approximately five members of staff across the service had completed chaperone training each day in order to achieve full compliance by the end of October 2016. During the July 2017 inspection, we saw chaperone training arrangements were now consistent; there was a system to identify

when staff had training and when it would need to be refreshed. This system and staff files, including certificates, indicated all staff had completed chaperone training relevant to their role and to cover the scope of their work. This included the drivers of out of hours vehicles.

- The service had reviewed the internal arrangements to respond to emergencies and major incidents. This review had led to the emergency grab bags positioned throughout the service with appropriate signage and awareness training for staff.

# Are services well-led?

Good 

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

## Our findings

When we inspected East Berkshire Primary Care Out of Hours Services Limited – St Marks Hospital Primary Care Centre in October 2016, we identified concerns relating to several areas of weakness within the services governance arrangements. There was a governance framework, but this did not always support appropriate arrangements to monitor and improve quality and identify risk. 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, patient safety and MHRA alerts and some medicines management systems were not always effective.

We saw clinical and internal audits were used to monitor quality and to make improvements at a provider level. However, there was no consideration of location specific clinical audits to review, monitor and improve outcomes for people accessing care and treatment at the different locations within the service.

We also saw concerns relating to signage when accessing the primary care centre and incomplete appraisals.

We reviewed information obtained during the inspection in July 2017 and found the service had made improvements to address the concerns previously identified.

### Governance arrangements

The service had demonstrated improvements; there was an overarching governance framework and management oversight including oversight from the Quality Governance Patient Safety and Risk (QGPSR) Committee which supported the delivery of the strategy and good quality care. For example:

- Governance arrangements had been proactively reviewed and took account of current models of best practice. For example, in January 2017 the service was issued with the Care Quality Commission inspection report (following the October 2016 inspections) which highlighted a regulatory breach relating to good governance. We found all the actions had been completed at the inspection on the 5 July 2017.
- The service had comprehensively reviewed national guidance relating to the management of medicines. This review included a specific review of guidance relating to out of hours GP services. This review led to

new processes including a new system which monitored patient safety alerts, strengthened processes to ensure prescription stationary was held securely and compliance with the Home Office Controlled Drugs licence requirements.

- East Berkshire Primary Care Out of Hours Services had implemented a monitoring system to manage risks associated with cleanliness, infection control and consumables (medical equipment and medicines) across the service. Internal auditing (including premises and out of hours vehicles) infection control auditing and quality auditing was now bi-monthly and specific to each site. We saw there had been a complete review of the medical equipment and medicines held across the service. A “red-dot” system had been introduced where any medicine or consumable that was coming up to two months of expiry displayed a red-dot label, this process was introduced so that staff, both administrative and clinical, became aware of the medicine/equipment that should be used first, provided a visual reminder to ensure checks are made and it was easier for the identification and removal of medicines and consumables.
- We saw the service now monitored chaperone training arrangements, these were now consistent and there was a system to identify when staff had training and when it would need to be refreshed. This system and staff files including certificates indicated all staff had completed chaperone training relevant to their role and to cover the scope of their work. This included the drivers of out of hour's vehicles.
- There was now a designated Quality Manager specifically to manage quality, ensure improvements were made and sustained. We saw location specific audits had been completed including GP demand audits and clinical audits for example antibiotic prescribing audits reviewing prescribing habits across all of the different locations within the service. The service used the findings from these audits to improve outcomes for people accessing care and treatment at the different locations within the service. We saw all recommendations made within the variety of completed audits had been discussed with the QGPSR Committee.
- We saw the Quality Manager had completed appraisals for members of the nursing team and all staff working on the service had received an annual appraisal within the last 12 months.

# Are services well-led?

Good 

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

- The leadership team now ensured infection control was comprehensively monitored through weekly checks and bi-monthly infection control audits. We saw that, when a check or audit highlighted an area for improvement, the remedial action was recorded and subsequent actions completed and reviewed. We also saw evidence that the service had reviewed national guidance and now clearly displayed protocols relating to needle stick injuries in treatment areas. A needle stick injury is when the skin is penetrated by a needle or other sharp object, which was in contact with blood, tissue, or other body fluid before the exposure.
- The service had reviewed and taken steps to improve signage across all five primary care centres to ensure patients visiting each site could access the services without delay.
- The service was now actively seeking feedback and a representative view from patients of the out of hour's service to ensure improvements could be made. This included a review and potential of approaching the patients via mobile technology. Furthermore, information for patients about the complaints procedure was now clearly on display and also carried in vehicles for patients receiving care and treatment in their place of residence. All feedback was reviewed by the QGPSR committee.

These actions were now ensuring that requirements relating to good governance were now being met.