

South & East Leeds General Practice Group Ltd

Inspection report

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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 location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Overall summary

This service is rated as Good overall. This service has not previously been inspected.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection, as part of our inspection programme, at South & East Leeds General Practice Group Ltd (SELGP Group) on 13 May 2021.

Why we carried out this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with that Act.

South & East Leeds General Practice Group Ltd was registered with the Care Quality Commission (CQC) in August 2017 under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, for the regulated activities of treatment, disorder or injury and diagnostic and screening procedures. The service employs six staff to provide phlebotomy services to patients within their own home or care setting; such as a residential or nursing home.

The chairperson of the SELGP Group board is the registered manager. A registered manager is a person who is registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, we have conducted our reviews differently.

Since the service registered with CQC, we have carried out regulatory monitoring of the service.

As part of this inspection we reviewed a range of systems and processes relating to governance, service delivery and customer care.

Our key findings were:

- There was a leadership and managerial structure in place with clear responsibilities, roles and accountability to support good governance.

Overall summary

- There were clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- The service had a good track record regarding safety and experienced low levels of incidents.
- The provider undertook regular audits to ensure effective service delivery.
- Any risks arising from COVID-19 were identified and managed in line with government guidance. Staff had access to personal protective equipment.
- Staff were appropriately trained and received updates as needed.
- Feedback from patients was positive about the service they received.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team consisted of a CQC lead inspector who undertook a site visit, interviews with staff, a review of information and a check of equipment. The CQC inspector had access to advice from a clinical specialist advisor and an inspection manager.

Background to South & East Leeds General Practice Group Ltd

The registered office of SELGP Group is located on the 1st Floor of Park Edge Practice, Asket Drive, Leeds LS14 1HZ. As part of our inspection we visited this location.

The provider is a GP federation, formed by approximately 30 GPs in South and East Leeds, covering over 220,000 patients. SELGP Group is a limited company but is non-profit, with the GP practices being the only shareholders. The provider has a board which consists of a chairperson, three GP directors, a director of primary care development, a business and transformation lead, a head of contracting and performance and three business administrators. The provider has other services registered with CQC, which do not form part of this inspection.

SELGP Group provides domiciliary phlebotomy services, on a sub-contractual basis, across South and East Leeds on the behalf of the GP practices within that area.

Appointments are booked on a 'hub' system by the patient's registered GP practice. Phlebotomists visit housebound patients, who would otherwise have difficulty attending their GP practice, to have blood samples taken in line with their care and treatment needs.

The service operates Monday to Friday 9am to 5pm and is staffed by six phlebotomists (their total working hours equate to four and a quarter whole time equivalent). There is a manager who has day to day oversight of the staff and service.

How we inspected this service

Before visiting the service, we reviewed a range of information we hold, including information sent pre-inspection by the provider.

During our inspection we:

- Spoke with the business and transformation lead (manager of the service and board member)
- Spoke with the director of primary care development (board member)
- Spoke with two phlebotomists
- Looked at information the service used to deliver care and treatment
- Looked at documentation relating to governance 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?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

- There were clearly defined and embedded systems and processes in place to keep people safe and safeguarded from abuse.
- Any risks arising from COVID-19 were identified and managed in line with government guidance. Staff had access to personal protective equipment (PPE).
- The service had a good track record regarding safety and experienced low levels of incidents.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- There was an organisational safeguarding lead who provided advice and information across all the provider's services. Information and contact details regarding the local safeguarding authority was available for staff. The provider had developed a 'safeguarding policy pack' which was stored on a secure cloud-based internet system. The pack included policies relating to child and adult safeguarding. All staff had access to this. Staff had been trained to the appropriate safeguarding levels. They received refresher training as needed. Training was provided both online and face to face. Staff we spoke with knew what to do should they encounter any safeguarding concerns.
- Staff had received training on equality and diversity. The provider's at risk adult's policy contained specific guidance on discriminatory abuse, human rights and the dignity of patients. Staff gave examples where they had upheld these principles.
- Employment checks were carried out in line with the provider's recruitment policy; this included 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). The provider also undertook annual DBS checks on staff.
- There were a range of policies to support safe management of infection prevention and control. Staff had received training, which included hand washing and managing a needle stick injury. Staff had access to adequate supplies of personal protective equipment (PPE), which included disposable shoe covers. Staff had been trained in the donning and doffing of PPE and time had been built into their workload to accommodate this. There was a cleaning policy for equipment. The phlebotomists used disposable tourniquets. There were arrangements in place if staff were required to take blood samples from any COVID positive or symptomatic patients. Staff also participated in regular COVID-19 testing in accordance with NHS guidance.
- There were systems in place for safely managing healthcare waste, such as sharps bins for the disposal of used needles.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number of staff needed. The service currently employed six phlebotomists. This was based on the patient population covered by the service and the demand. Workloads were adjusted accordingly in the event of staff sickness or holidays.
- Newly employed staff received an induction programme, which included shadowing a member of staff. Probation reviews were undertaken. Any areas of further development or training were identified and actioned. Support for staff was provided on a daily basis as needed.

Are services safe?

- There were processes in place for managing emergencies. Staff had received training and knew what to do in the event of an emergency. Staff did not carry emergency medicines or equipment. In the case of a patient requiring urgent or emergency treatment, the policy was to ring 999 or contact the patient's GP (whichever was the most appropriate course of action). Staff gave examples of when they had to manage an incident.
- If any areas of concern were identified during a visit, staff would contact either the office or the patient's GP (with the patient's consent), to obtain further information or advice.
- When there were changes to services or staff the service assessed and monitored the impact on safety. For example, additional risk assessments had been undertaken as a result of the COVID-19 pandemic.
- The provider had appropriate indemnity arrangements in place to cover the service and staff. Phlebotomists used their own vehicles, which were required to be insured for business use. A copy of vehicle tax and insurance details was kept in the staff member's personal file.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Phlebotomists had access to patient records via the GP computer system. This ensured they had up-to-date information about the patient. They also accessed the record to identify what blood tests were required and any 'special requests', such as needing to take the blood before food or medication. Prior to the visit, the phlebotomist printed out the patient's details and blood test request to ensure they had all the information to hand. Any patient identifiable paper information was subsequently either securely stored or destroyed in line with data protection guidance.
- We observed the information that staff documented on the patient's record. This included what blood tests had been taken and from which arm, the date, time and any other information which may be relevant.

Track record on safety and incidents

The service had a good safety record.

- A lone worker policy was in place and lone worker risk assessments had been completed. Staff we spoke with had a good awareness of any potential risks of delivering a service in a patient's home. For example, ensuring they were able to enter and exit the premises safely.
- The provider obtained feedback from GP practices and service users and there had been no concerns identified as to the safety of the service.
- There were processes in place to check that staff attended for duty. For example, when staff signed into the computer system, it showed them as being "in progress". If it was noted this wasn't shown, the member of staff would be contacted to check that there were no issues and they were safe.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was an incident reporting policy and process. Staff we spoke with understood their duty to raise concerns and report any incidents and near misses. We observed that there were few incidents recorded and were informed that the

Are services safe?

occurrence of incidents was minimal. We reviewed one recorded incident from 2019 and saw that it had been dealt with appropriately. There was clearly detailed information of the incident and what actions had been taken. We were informed that incidents were reviewed by the provider to identify any themes or learning, which would be cascaded to staff as needed.

- The provider was aware of and complied with the requirements of the duty of candour. They encouraged a culture of openness and honesty. There was a system in place for dealing with notifiable safety incidents.

Are services effective?

We rated effective as Good because:

- The provider undertook regular audits to ensure effective service delivery.
- Staff were appropriately trained and received updates as needed.
- The service identified and signposted patients to other avenues of support as required.

Effective needs assessment, care and treatment

The provider had systems to keep staff up to date with current evidence-based practice.

- Standard operating procedures and policies were in place. Staff received training and updates as and when required to ensure they delivered services in line with current evidence-based practice.
- The provider's clinical leads followed local and national guidance and cascaded information relevant to the phlebotomy service.

Monitoring care and treatment

The service participated in quality improvement activity.

- The provider used information and monitoring data to ensure a quality service was provided.
- Regular audits were undertaken. Records of staff were randomly checked to identify any potential record keeping issues. Any issues were actioned and learning shared with all staff. For example, in some instances the time a phlebotomist commenced the patient visit had not always been recorded. This had been cascaded to staff to make improvements.
- A template on the patient's record had been devised for phlebotomists to input data relevant to the activities they undertook. This enabled the provider to monitor and measure outcomes.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The provider employed qualified phlebotomists. However, upon commencing employment, they ensured that staff received up-to-date training, an induction programme and a probation review. They also had annual appraisals where any development or training needs were identified.
- Annual competency assessments were undertaken with staff, supported by a registered nurse who was employed at another of the provider's services. There was a formal template which was completed and used alongside observations. The nurse would sign off the competency or raise any concerns as appropriate. We were informed that where there had been previous competency issues relating to staff, these had been managed appropriately.
- Staff we spoke with explained in detail what their role was and their skills and experiences.

Coordinating patient care and information sharing

Staff worked together and with other organisations to deliver effective care and treatment.

- Patients were booked into the service by their GP practice. Relevant information was made available to the phlebotomy staff to ensure patients received the appropriate blood tests.
- Information was shared with the patient's GP via their clinical records. If there were any areas of concern, the phlebotomist contacted the GP to alert them.
- Sharing of information processes were in place and patients were aware of this

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Supporting patients to live healthier lives

Staff provided information and signposting to support patients.

- Patients were signposted to other avenues of support as needed, such as local equipment services.
- Any risk factors that were identified were discussed with patients and highlighted to their GP for additional support.
- If a patient was found not to be housebound, the GP practice was notified for future reference.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Where there were concerns about a patient's mental capacity to consent, staff referred to the patient's GP.
- There was a consent box on the template used by phlebotomists to record their interventions with patients.

Are services caring?

We rated caring as Good because:

- Patients' privacy and dignity were respected.
- Feedback from patients was positive about the service they received.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The provider sought feedback on the quality of service that patients received.
- Feedback from patients about the way staff treat people was positive. We saw evidence that patients had submitted compliments.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. There were male and female phlebotomists to support choice for patients as needed.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Staff had access to interpretation services to support communication with patients who did not have English as a first language.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, using communication aids as needed.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. They were mindful of undertaking a service within the patient's home environment.

Are services responsive to people's needs?

We rated responsive as Good because:

- The service undertook blood tests in a timely manner and urgent requests were dealt with on the day.
- At the time of inspection, the service had not received any complaints.

Responding to and meeting people's needs

The service organised and delivered to meet patients' needs.

- Services were provided for housebound patients and delivered in the patient's home environment.
- Work allocation was divided between phlebotomists to minimise the amount of time spent travelling and maximise patient contact.
- Urgent blood tests were prioritised as appropriate.
- The provider reviewed demand and capacity throughout the week and adapted service delivery to meet the needs of the patients.
- Each GP practice had a set number of appointments to book patients into. Utilisation data was used to identify which practices used the service more than others. This enabled the service to offer those practices with higher requirements additional appointments. We were informed that there could be "peaks and troughs" regarding utilisation, which was monitored daily. If any empty appointments were observed, administration staff would contact GP practices to see if they had any patients requiring blood tests who fitted the criteria. The service also used the data to identify any trends in demand.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to appointments to enable blood tests to be taken in line with their GP's request.
- Urgent requests to see patients were dealt with on the day.
- There was monitoring of the appointment system which identified any 'free' slots. The service communicated with the GP practices to identify any additional patients requiring blood tests, to utilise those slots.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The service had complaint policy and procedures in place. Information about how to make a complaint or raise concerns was available.
- It was the provider's policy to inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- There was a feedback form that staff used with patients to record any areas of concern (and compliments).
- We were informed that any learning from complaints would be shared with staff. However, at the time of our inspection the service had not received any complaints.

Are services well-led?

We rated well-led as Good because:

- Leaders and managers demonstrated they had a good understanding of the service.
- There was an overarching governance framework.
- Staff were supported to undertake their roles.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

We spoke with the provider's director of primary care development and business and transformation lead. They both demonstrated they had the capacity, skills and experience to deliver high-quality services. They were knowledgeable about issues and priorities relating to the service.

We were informed by staff that leaders and managers were accessible and provided support as needed.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The provider had a realistic strategy for the service and supporting business plans were in place, including contingency measures.
- Staff were aware of and understood the values of the service and their role in achieving them.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The business and transformation lead acted on any behaviour and performance inconsistent with the values of the service.
- Openness, honesty and transparency were demonstrated when responding to incidents and patient feedback. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for supporting staff with their development needs. All staff received annual appraisals and training updates as needed.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and the manager. Managers informed us the staff had worked well as a team through the challenges caused by the COVID-19 pandemic.

Governance arrangements

Are services well-led?

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

- The provider had an overarching governance framework, which included oversight of safety alerts, incidents, complaints and service delivery.
- Policies, procedures and standard operating procedures were developed and reviewed at organisational level. These were cascaded to staff and made available on the provider's internal internet system.
- The provider utilised an external human resource (HR) company to support them with any HR issues and recruitment.
- The service used performance information which was reported and monitored. Any areas of concern were discussed with staff, who were held to account as appropriate.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

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

- There were arrangements in place for identifying, recording and managing risk. For example, there was a range of daily, weekly and monthly data collections to monitor and review service delivery.
- Managers demonstrated a good understanding of the service performance, which included any potential risks. For example, during the COVID-19 pandemic, the numbers of appointments had been slightly reduced to allow for the donning and doffing of PPE by staff.
- Risk assessments, particularly those relating to COVID-19, had been undertaken and reviewed as necessary. These included risk assessments of staff, which may have resulted in staff needing to shield for a period of time.
- Audits were undertaken to monitor service delivery and quality of record keeping by staff.
- The service was transparent, collaborative and open with stakeholders about performance.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients and staff.

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners to support high-quality sustainable services.

- The service encouraged and valued feedback from patients, staff and the GP practices. Feedback forms were available for patients and staff to complete. At the time of our inspection, the service had received positive compliments and no complaints.
- There was regular staff engagement, via meetings and media groups. Staff had regular access to managers.
- We were informed of a planned meeting with staff to review rotas and allocated locations. This was intended to support staff in not incurring unnecessary travel. We were told that any decisions would be made with involvement of the staff.