Sheridan Teal House

Inspection report

Unit 2 Longbow Close
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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	Inspected but not rated
Are services safe?	Inspected but not rated
Are services effective?	Inspected but not rated
Are services well-led?	Inspected but not rated

Overall summary

We carried out this announced focused inspection of Sheridan Teal House out of hours service, in response to concerns received; specifically regarding the safe, effective and well-led domains. This report covers our findings in relation to those concerns. The service was previously inspected in March 2020 and was rated as good overall.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of pandemic when considering what type of inspection was necessary and proportionate. Consequently, we undertook some of our inspection processes remotely and spent more focused time on site.

We began reviewing information remotely and conducted a range of staff telephone interviews from 10 February 2021, including speaking with the registered manager. A registered manager is a person who is registered with the Care Quality Commission (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.

On 18 March 2021 we undertook site visits at three locations, during the hours of operation. These were Airedale General Hospital, Eccleshill Community Hospital and Westbourne Green Community Hospital.

The service was not rated as a result of this inspection.

At this inspection we found:

- There were systems in place to support governance and oversight of medicines management, which included stock control and processes relating to controlled drugs. However, we found an inconsistent approach regarding doctors carrying controlled drugs on home visits.
- There were systems in place to support home visits and failed encounters (when the doctor was unable to contact the patient). However, we found that a failed encounter card was not always available in vehicles or left for the patient by the doctor. Also, that some doctors were not correctly following the process for writing up clinical records after a failed encounter.
- There were policies and procedures in place, including a clinical charter, regarding staff responsibilities and time-keeping. However, we found there was no specific 'clocking in and out' procedure for clinical staff and not all doctors were adhering to the principles of effective time-keeping.
- The provider had policies in place to support raising concerns, incident reporting and whistleblowing. There was a Freedom to Speak up Guardian, however, not all staff were aware of this person.
- Post-inspection, the provider has put a range of measures in place to address those areas of concern.

The areas where the provider **should** make improvements are:

- Review the new measures put in place to ensure they are embedded and effective, particularly in relation to controlled drugs and failed encounters.
- Raise increased awareness of the Freedom to Speak up Guardian, to support all staff understanding the role and who to access.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team consisted of three Care Quality Commission (CQC) inspectors, a GP specialist advisor and a CQC pharmacist. The inspection team was supported by an inspection manager.

Background to Sheridan Teal House

Sheridan Teal House is the headquarters of the provider, Local Care Direct Limited. Local Care Direct Limited is a social enterprise. They have contractual arrangements with clinical commissioning groups (CCG) across West and North Yorkshire, to provide a range of medical and dental services for over two million people residing in those areas; covering 1,233 square miles. The lead for contractual purposes is Greater Huddersfield CCG. Services provided include a contact centre, three urgent treatment centres, one walk-in centre, one dental assessment and booking service and 12 primary care centres (PCCs), incorporating GP out of hours services. There are 21 vehicles (mobile units) used for home visiting.

As a result of the concerns raised, we focused our inspection on the GP out of hours service, which includes home visits. The locations and service operation times are:

Airedale General Hospital – Urgent Care, Skipton Road, Steeton, Keighley BD20 6TD

Monday to Friday 20:00 to 08:00

Saturday and Sunday 24 hours

Mobile units: Monday to Friday 19:00 to 08:00

Saturday and Sunday 24 hours

Skipton General Hospital – Urgent Care, Keighley Road, Skipton BD23 2RJ

Monday to Friday 18:30 to 08:00

Saturday and Sunday 24 hours

Mobile units: Monday to Friday 19:00 to 08:00

Saturday and Sunday 24 hours

Eccleshill Community Hospital, 450 Harrogate Road, Bradford BD10 0JE

Monday to Friday 18:30 to 08:00

Saturday and Sunday 24 hours

(No mobile units operate from here)

Services previously operated from Bradford Royal Infirmary but now operate from this location.

Westbourne Green Community Hospital, 26 Heaton Road, Bradford BD8 8RA

Mobile units: Monday to Friday 19:00 to 08:00

Saturday and Sunday 24 hours

(Mobile units only during out of hours)

Bradley Primary Care Centre – Urgent Care, Sheridan Teal House, Unit 2 Longbow Close, Pennine Business Park, Bradley, Huddersfield HD2 1GQ

Monday to Friday 00:00 to 07:00

Saturday 13:00 to 08:00

Sunday 19:00 to 08:00

Mobile units: Monday to Sunday 00:00 to 07:00

Calderdale Royal Hospital – Urgent Care, Salterhebble, Halifax HX3 0PW

Monday to Friday 19:00 to 08:00

Saturday and Sunday 24 hours

Mobile units: Monday to Friday 19:00 to 23:00

Saturday and Sunday 08:00 to 23:00

Huddersfield Royal Infirmary – Urgent Care, Acre Street, Huddersfield HD3 3EA

Monday to Friday 19:00 to 23:59

Saturday and Sunday 09:00 to 22:00

Mobile units: Monday to Friday 19:00 to 23:59

Saturday and Sunday 07:00 to 23:59

Lexicon House – Urgent Care, Wilmington Grove, Barrack Street, Leeds LS7 2BQ

Monday to Friday 19:00 to 08:00

Saturday and Sunday 24 hours

Mobile units: Monday to Friday 19:00 to 09:00

Saturday and Sunday 24 hours

St George's Centre – Urgent Care, St George's Road, Middleton, Leeds LS10 4UZ

Monday to Friday 19:00 to 23:00

Saturday and Sunday 08:00 to 23:00

Mobile units: Monday to Friday 19:00 to 09:00

Saturday and Sunday 24 hours

Wharfdale - Urgent Care and Urgent Treatment Centre, Newall Carr Road, Otley LS21 2LY

Monday to Friday 19:00 to 23:00

Saturday and Sunday 08:00 to 23:00

Mobile units: Monday to Friday 19:00 to 09:00

Saturday and Sunday 24 hours

Dewsbury Health Centre, Wellington Road, Dewsbury WF13 1HN

Monday to Friday 19:00 to 23:59

Saturday and Sunday 10:00 to 22:00

Mobile units: Monday to Friday 19:00 to 23:59

Saturday and Sunday 07:00 to 23:59

Trinity Medical Centre – Urgent Care, Thornhill Street, Wakefield WF1 1PG

Monday to Friday 19:00 to 08:00

Saturday and Sunday 24 hours

Mobile units: Monday to Friday 19:00 to 08:00

Saturday and Sunday 24 hours

Pontefract General Infirmary – Urgent Care, New Hospital Building, Friarwood Lane, Pontefract WF8 1PL

Monday to Friday 19:00 to 08:00

Saturday and Sunday 15:30 to 23:30

Mobile units: Monday to Friday 19:00 to 09:00

Saturday and Sunday 24 hours

The out of hours and mobile unit services are split between Trinity Medical Centre and Pontefract General Infirmary during the above times.

Patients are initially referred to the service via NHS 111. They are then triaged by the out of hours service via a telephone assessment. Patients are then directed to the most appropriate course of action, such as a telephone consultation, a face to face consultation or a home visit with a clinician.

There are dedicated vehicles (mobile units), to support home visiting, where a driver transports the clinician to the patient's address. All vehicles are equipped with a range of medicines and equipment to support the care and treatment of patients as necessary.

The service directly employs a range of staff. These include call handlers, reception staff, duty managers, area managers, operational leads, drivers and advanced care practitioners. Doctors are engaged on a self-employed, sessional contractual basis or via an agency.

The provider has a range of organisational leads to support management, governance and oversight of the service, such as two clinical governance leads, a director of clinical governance and quality and an associate director of risk and quality. There is also a chief executive and chief operating officer who report to a board of directors.

In relation to the out of hours service, the provider is registered for the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Transport services, triage and medical advice provided remotely

There is a registered manager in line with CQC Regulations.

Inspected but not rated

Are services safe?

Appropriate and safe use of medicines

Prior to the inspection we had received concerns regarding:

- Stock control of medicines
- Storage of controlled drugs
- Signing in and out processes of controlled drugs
- Inconsistency in the carrying of controlled drugs for home visits

During our inspection we found the following:

There were systems in place to support governance and oversight of medicines management, which included stock control and processes relating to controlled drugs. However, we found an inconsistent approach regarding doctors carrying controlled drugs on home visits.

- Medicines were stored at the locations where the mobile units operated from. They were securely stored within a locked cabinet within a locked room. Only authorised staff had access to the room and cabinet. At one of the sites there was shared access to the room with staff who were not employed by Local Care Direct. This was raised with the provider, who advised us they had undertaken appropriate risk assessments and that those staff did not have access to the medicines cabinet.
- The service held lists of all medicines which were to be carried in the mobile units to take on home visits. These included the form, strength, pack size, minimum quantity and stock level. We saw that the expiry date and remaining stock were clearly marked on each package of medicines, to enable a clear identification of any "missing" medicines. Medicines in the vehicle packs were well organised and easy to find.
- There was a range of audits and checklists to support stock control and identification of any errors, including inaccurate recording of medicines. Appropriate actions were undertaken on the occasions when stock control numbers did not always match. For example, reminding staff to ensure they recorded all medicines used and kept records up to date. The provider assured us there were no medicines unaccounted for and we did not see evidence to disprove that assurance. There was a clear recording system and audit trail accessible on the provider's computer system. This was used for reconciliation, stock control and stock usage purposes across all sites. Stock reconciliation checks were undertaken on a daily basis either by a duty manager or operational support staff member.
- We were informed that the provider had undertaken all the appropriate processes to enable them to legally carry and provide controlled drugs (CDs), relating to the care and treatment of patients. We were assured they were following guidance. There was a nominated accountable controlled drugs officer in place in line with best practice. The provider had sought the advice of the local Police CD Officer to ensure they were storing and managing their CDs correctly.
- There was a policy and standard operating procedure (SOP) in place to support safe handling of CDs, including ordering, storage, prescribing, documentation, transport, administration and disposal of unused medicines. Any out of date or damaged CDs were clearly marked and kept separate from other stock to ensure they were not used.
- The main stock of CDs were securely stored within a coded locked, metal safe, which was non-portable, within a locked room. Only authorised personnel had access to the code and this was monitored. We were informed that the codes were changed on a regular basis and authorised staff informed of those changes.
- CDs were kept in the mobile units in a small, secure, fixed metal safe. No CDs were left in the vehicle when it was not in use. There was either a formal handover process from one driver to another or when a shift finished the driver completed the signing back in process for CDs; whichever was the most relevant.
- The provider held the appropriate registers relating to CDs. These had been verified with the local Police CD Officer and local stakeholders.
- The running 'Balance of the Temporary Movement Register', reflected the amount of CDs, both within the safe and any that were temporarily out of the safe, such as in a mobile unit.

Inspected but not rated

Are services safe?

- The running 'Balance of the Formal Legal Register' was completed at the time of a stock reconciliation check and reflected the quantity located in the CD at that point in time.
- The running 'Balance of the Vehicle Specific Register' gave an accurate reflection of what was in the vehicle safe at that point in time.
- We saw that these had been kept up to date and records were correct.
- We observed the processes for signing out of medicines and the checking of controlled drugs at two sites. All boxes were clearly labelled as to which mobile unit they were to be signed for.
- The drivers we spoke with were knowledgeable and explained the process thoroughly, including what happened at handover. All drivers who were required to carry CDs had been trained on the provider's CD handling procedures.
- The provider's policy for CDs stated that "for the purpose of witnessing controlled drug tasks the following are witnesses: registered nurses, pharmacists, paramedics and doctors in the first instance. In the absence of clinical staff, a duty manager, a driver or a member of staff who have been trained in the handling of CDs is permissible". We were informed and observed that it was infrequent that a doctor would witness the signing of the register when CDs were taken out of the room safe to put into vehicles, this was predominantly undertaken by another driver or other member of staff. We reflected this back to the provider during our feedback. Post-inspection, we have been informed that the policy is to be reviewed and discussed at the organisation's clinical group.
- The policy also stated that the Craven site "adopts all CD policy and procedures but in local agreement only." We were informed the decision to carry CDs at that location was made by the GP on duty. Consequently, the carrying of CDs was not a regular occurrence and depended on which GP was working the shift. This, again, was reflected to the provider at feedback, as an inconsistent approach and could potentially impact on the quality of care and treatment for patients in that area. Post-inspection, we have been informed that the CD policy has been reviewed and sent to all clinicians. Clinicians have been informed of the requirement for them to carry CDs, irrespective of which location they are operating from.
- We observed that there had been some reported and recorded incidents relating to the CDs, where vials had been broken whilst inside the box; when these were either dropped or had been trapped in the vehicle safe. The box was small and plastic which contained no more than three vials at a time. Staff had previously reported that in the past storage boxes had been more robust and had been padded to provide some shock absorption. The provider informed us that the current boxes were the same as used by the local ambulance service. Post-inspection, we have been informed that the box is to be reviewed by the clinical team. Velcro tabs have also been ordered to secure the boxes within the vehicle safes, to prevent them from moving around whilst the vehicle is in motion.

Inspected but not rated

Are services effective?

Effective needs assessment, care and treatment

Prior to the inspection we had received concerns regarding:

- Home visits undertaken by doctors
- Failed encounters

During our inspection we found the following:

There were systems in place to support home visits and failed encounters. (A failed encounter is when the patient was unable to be contacted.) However, we found that a failed encounter card was not always available in vehicles or left for the patient by the doctor. Also, that some doctors were not correctly following the process for writing up clinical records after a failed encounter.

- We found no evidence to support concerns that home visits were not being undertaken appropriately.
- There was a policy and process in place regarding home visits undertaken by clinicians.
- Patients who required a home visit were put on a list, which was given to the driver and the doctor, who were working on the mobile unit. The doctor assessed patients using the information they had received to decide the order of visits. This would be dependent on the urgent need of the patient, or location (should urgency not be an issue). Whilst on route, the doctor may contact the patient by telephone to find out more information and undertake any additional triage. This process was to minimise face to face contact during the COVID-19 pandemic whilst, again, being dependent on the needs of the patient.
- We found that for some patients, after a telephone call made by the doctor on route, a home visit was no longer necessary. We were informed of, and saw written examples, where this had happened. These included prescriptions being organised and delivered to the patient and arranging ambulances to take patients to hospital due to the requirement for urgent treatment.
- There was a process and flowchart for clinicians to follow should there be a failed encounter. This included measures to take should escalation be necessary, such as contacting the ambulance service or the police. We were informed of instances, and also saw clinical records, where escalation measures had taken place.
- In some failed encounter instances, where it was deemed clinically appropriate to do so, a failed encounter card was left at the patient's address. However, we found that not all doctors had access to the cards and some doctors were not aware of them. Post-inspection, the provider has reviewed the failed encounter process and cascaded it to all clinicians. They have also added the card template to the computer system to enable cards to be printed out in the vehicle as necessary (all vehicles have a laptop and printer).
- Whilst undertaking clinical record searches, we found instances where not all doctors had been following processes regarding writing up clinical records after a failed encounter. This was reflected back to the provider at that time. Although regular audits of record were taken using a specific tool, known as the clinical guardian, it did not pick up all irregularities. We did, however, see examples where the provider had acted on any issues that were found. Post-inspection, we have been informed that the provider has revised some of their audits which enables them to more easily identify issues and any individuals who are not following processes.

Effective staffing

Prior to the inspection we had received concerns regarding:

- Time-keeping of doctors

During our inspection we found the following:

Inspected but not rated

Are services effective?

There were policies and procedures in place, including a clinical charter, regarding staff responsibilities and time-keeping. However, we found there was no specific 'clocking in and out' procedure for clinical staff and not all doctors were adhering to the principles of time-keeping.

- At the time of our inspection, there was no clear process for doctors to register they had arrived for their shift or when they were leaving. It was expected that the receptionist would let a duty manager know if a doctor was late for their shift. The majority of staff we spoke with said that they felt uncomfortable with this and wanted to have a more formal process.
- We were informed of when doctors were genuinely late due to traffic and they had contacted the service to inform them of this. However, the majority of staff informed us there were many occasions where a doctor could arrive up to thirty minutes late for their shift, or leave early, and that it tended to be the "same ones".
- Upon speaking to the provider, they informed us they were aware of some doctors who had time-keeping issues. We saw evidence which showed they had previously addressed the issue with individuals and also that they were currently undergoing investigations into others.
- The majority of staff we spoke with also informed us of some doctors being reluctant to undertake a home visit in the last hour of their shift and appointment times being altered to support them having extended breaks or finishing earlier. Although we could not find evidence via the appointment system to support these allegations, the provider accepted that what staff had identified could be correct. As a result, the provider has assured us that they are taking action to address these issues. There were a range of processes in place to monitor any discrepancies.
- The provider informed us they were in the process of employing staff to specifically focus on time keeping, including monitoring start and finish times. They will also be checking/auditing diaries and appointments to identify any areas of concern.

Inspected but not rated

Are services well-led?

Culture

Prior to the inspection we had received concerns regarding:

- Raising issues of concern

During our inspection we found the following:

The provider had policies in place to support raising concerns, incident reporting and whistleblowing. There was a Freedom to Speak up Guardian, however, not all staff were aware of this person.

- As part of our inspection, we reviewed the number of incidents that had been raised and saw that they had been actioned appropriately.
- Some employed non-clinical staff we spoke with said they didn't always feel comfortable raising issues with managers, particularly those relating to time-keeping of sessional clinical colleagues. However, other staff we spoke we said they felt confident to raise an issue and gave examples of where they had done so. We saw examples where the provider had addressed concerns that had been raised to them by staff. We were informed that they sometimes received concerns anonymously from staff, which prevented them from speaking to that member of staff to inform them of actions taken. Post-inspection, the provider informed us they were planning to share appropriate concerns in bulletins to raise awareness with staff. We were also informed that since the CQC inspection, staff have felt more confident in raising issues.
- Staff had access to the whistleblowing policy via the provider's computer system. However, at the time of our inspection we did not see any posters alerting staff to whistleblowing.
- There was a Freedom to Speak up Guardian in post and we saw information in locations to alert staff to this. However, the majority of staff we spoke to were not aware of who the person was and had not accessed the guardian. The provider informed us that there was a person temporarily undertaking the Freedom to Speak up Guardian role, which may have caused some uncertainty in staff being aware of that person. We were informed of the intention to communicate to staff information regarding the role and whistleblowing.
- Some staff we spoke with felt that there was a disconnect between non-clinical and clinical staff and that they were treated differently, particularly relating to time-keeping issues. When this was raised with the provider, they felt they encouraged an open culture, whilst acknowledging how staff may be feeling. The provider informed us they are committed to ensuring appropriate consistency of approach where possible.
- The majority of staff we spoke with were very open and honest about their experiences and feelings. They said they were proud and happy to work for the service. Some staff said they thought managers were approachable and were aware of the senior leaders and their accessibility.

Governance arrangements

Prior to the inspection we had received concerns regarding:

- Availability of managers during operational hours of the out of hours service
- Inconsistency in following procedures

During our inspection we found the following:

The provider had a range of policies and processes to support good governance of the service. However, these were not always followed consistently across the locations.

Inspected but not rated

Are services well-led?

- We were informed that there had been a significantly reduced physical presence of managers during the pandemic, to minimise face to face encounters to reduce the spread of infection. However, there was a member of staff available via the telephone. We were also informed of the on call system and how senior managers could be accessed. The majority of staff we spoke knew how to access a manager as needed. They gave examples where they had contacted a manager during operational hours.
- There was a duty manager available during operational hours, who was based at Sheridan Teal House. At the time of inspection the provider shared their 24/7 on call roster. They also had 24/7 clinical on call cover and 24/7 Gold, Silver and Bronze command roles.
- Some area managers we spoke with informed us of the recommencement of “drop-in” visits at locations within their portfolio. They felt that staff knew how to access them and gave examples of when staff had done so. The provider informed us that Local Care Direct expected all area managers to have a physical presence at least once a week, at all the sites they are responsible for.
- We reviewed the policies and procedures and saw that there was a range of audits and processes to support governance of the service. However, we found that adherence to these were not consistent across the locations, such as time-keeping and the carrying of controlled drugs. This was fed back to the provider. We were informed that as a result of them being made aware of the inconsistencies, they were putting plans in place to address them. They had commenced reviewing some of the processes and communicated the changes to staff. They were in the process of employing staff specifically to support time-keeping and inconsistency issues.
- The majority of staff we spoke with had a good understanding of their roles and responsibilities and were happy to work for the provider.
- The provider accepted and acted on our concerns promptly; they made immediate improvements to existing processes.