

Grabadoc

Quality 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.

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	3
The five questions we ask and what we found	4
What people who use the out-of-hours service say	5
Areas for improvement	5
Good practice	5

Detailed findings from this inspection

Our inspection team	6
Background to Grabadoc	6
Why we carried out this inspection	6
How we carried out this inspection	6
Findings by main service	7

Summary of findings

Overall summary

Grabadoc Healthcare Society Ltd provides telephone advice for home treatment, face-to-face consultations, and home visits to people who need advice or treatment out of hours that can't wait until the next available routine GP appointment. The service provides out-of-hours cover for almost 500,000 patients registered with GP surgeries in the London boroughs of Greenwich and Bexley.

During our inspection, we spoke with people who used the service and their relatives. They were very complimentary about their treatment and care. We also used comment cards to ask people for their views, and this feedback too was positive. We observed people being treated courteously and with respect.

Grabadoc used learning from incidents, patient surveys, compliments and complaints, and clinical audit to help to improve its service. Clinical leaders took responsibility

for checking and ensuring GPs provided effective treatment and care, in line with recognised best practice standards and guidelines. The provider recruited GPs and staff with suitable qualifications, skills and experience to meet the needs of people using the service. There were also provisions to enable the diverse population to access the service.

People were protected from the risks associated with medicines and from unsafe and unsuitable medical equipment. Consulting rooms were clean and infection control procedures were followed to protect people from the risk of healthcare acquired infection.

There was effective clinical leadership of the organisation, with a focus on delivering high quality patient care. Governance arrangements and information systems were being strengthened further to enable the organisation to meet the challenges of changes within the wider NHS.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The provider learned from incidents to improve the safety of the service. Policies and procedures were in place to protect children and vulnerable adults from the risk of abuse. There were effective systems in place to reduce the risk and spread of healthcare acquired infection.

People were protected from the risks associated with medicines, and from unsafe or unsuitable equipment.

Contingency plans were in place to avoid disruption in the out-of-hours service in an emergency such as the computer system going down or the premises becoming unusable.

Are services effective?

People's needs were met by suitably qualified and experienced staff working to recognised best practice standards and guidelines. The provider undertook clinical audit to maintain and improve the standard of treatment and care provided.

Are services caring?

People were treated with compassion, respect and dignity. A chaperone was available on request during face-to-face consultations with a GP. Care was taken to protect people's privacy, and to keep information about them confidential and secure.

Are services responsive to people's needs?

The provider worked continuously to ensure people's individual needs were met appropriately without unavoidable delay. It made provision for the needs of the diverse population it served, and used patient feedback, including complaints, to improve the service.

Are services well-led?

The service was led by GPs with a focus on delivering high quality patient care. The provider worked with other services to improve the experience of patients out of hours. Governance arrangements and information systems were being strengthened to enable the provider to better monitor, manage and improve the operation of the service in response to changes and demands within the wider NHS.

Summary of findings

What people who use the out-of-hours service say

Patients who attended Grabadoc to see an out-of-hours GP were highly satisfied with the service. They told us they were happy with how quickly they had been seen, and with the treatment they had received. They told us they felt safe, respected and supported.

Areas for improvement

Action the out-of-hours service **COULD** take to improve

- Improve the labelling on medicines, so that the expiry date is clearly visible.
- Install an emergency pull cord in the disabled toilet so that people can call for help more easily.

Good practice

- Grabadoc was working with local care homes to improve how they shared information to ensure people living in care homes received appropriate and timely treatment and care.
- All GPs had completed training on the Mental Capacity Act 2005 so they can support people in their care who may lack the capacity to make some decisions.
- There was continuous clinical audit of GPs, who were supported in their reflective learning, to maintain standards and drive improvement in the safety and effectiveness of the out-of-hours service they provide.
- Grabadoc responded to all formal and informal complaints in an open, clear and honest way, and used information from patient feedback effectively to improve services.

Grabadoc

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. It included a GP, two specialist advisors, and an Expert by Experience. This is a person who has personal experience of using this type of service, or of caring for somebody who has used out-of-hours services.

Background to Grabadoc

Grabadoc Healthcare Society Ltd is a not for profit organisation. It was founded in 1995 and continues to be run and operated by local GPs.

Grabadoc provides telephone advice for home treatment, face-to-face consultations, and home visits to people who need advice or treatment that can't wait until the next available routine GP appointment. The service provides out-of-hours cover between 6.30pm and 8am Monday to Friday with 24-hour coverage at weekends and Bank holidays for almost 500,000 patients registered with GP surgeries in the London boroughs of Greenwich and Bexley.

Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we had received from the out-of-hours service and asked other organisations to share their information about the service.

We carried out an announced visit on 26 March 2014 between 2.30pm and 11.30pm.

During our visit we spoke with a range of staff, including GPs, reception staff, drivers and members of the service's management team. We spoke with stakeholders, including GPs whose patients used the out-of-hours services, and adult community health services.

We also spoke with patients who used the service or their relatives. We observed how people were being cared for when they were talking to the GP on the phone, or arriving at the service to see a GP. We provided comment cards to enable people to share their views about the service, and reviewed those that people had filled in.

Are services safe?

Summary of findings

The provider learned from incidents to improve the safety of the service. Policies and procedures were in place to protect children and vulnerable adults from the risk of abuse. There were effective systems in place to reduce the risk and spread of healthcare acquired infection.

People were protected from the risks associated with medicines, and from unsafe or unsuitable equipment.

Contingency plans were in place to avoid disruption in the out-of-hours service in an emergency such as the computer system going down or the premises becoming unusable.

Our findings

Learning from incidents

There was a procedure to guide GPs and staff about the action to take following a significant incident or near miss. All GPs and staff had access to the incident reporting form, and those we spoke with correctly described the incident reporting procedure.

The records we looked at showed that Grabadoc investigated incidents, and collated and analysed information from them to identify where lessons could be learned. Grabadoc was introducing an electronic system to make it easier to record and analyse this information in future. Learning points were available in a folder in the reception area for GPs and staff to read and act on. GPs and staff told us they also received feedback through clinical newsletters, staff bulletins, and meetings.

We saw an example of improvement to the service following an incident. Grabadoc had developed a special form for care homes, which helped care home staff to provide the right information to the Grabadoc GP, to enable them to determine the most effective course of action and treatment. Grabadoc told us that Greenwich Social Services was promoting the use of this form in all local care homes.

Medicines

Systems were in place to protect people against the risks associated with medicines. Medicines were stored securely

in a locked cupboard, and access to the key was controlled to prevent unauthorised access. Grabadoc did not stock any controlled drugs or medicines that required cold storage.

There was a service level agreement with a local pharmacy to manage its medicines. Adequate stocks of medicines were maintained to meet patients' needs for medicines out of hours. The pharmacy regularly checked and replenished Grabadoc's medicines, including medicines for medical emergencies. The pharmacy supplied medicines between routine visits when required. Drivers checked that the medicines and equipment bags going in to the cars for GPs' visits were complete at the beginning of every shift.

A system was in place to account for all the medicines received and supplied by Grabadoc, to aid stock control and to reduce the risk of drugs being misappropriated.

The medicines we looked at were within their expiry date, and were packaged so that GPs could supply a complete course of necessary emergency medicine to a patient when the pharmacy was closed. However, a few packets had been sealed with labels that made it difficult to check the expiry date. We highlighted this as an area where the provider could make improvements.

Prescription forms were kept securely to prevent them being stolen and misused.

Grabadoc checked its GPs' prescribing practice to ensure they followed good practice. The clinical governance committee took action to remedy any concerning practice. Organisation-wide learning from prescribing checks was disseminated in the Clinical Newsletter, for example about more cost effective medicines options. Incidents were analysed and action taken, for example to prevent fraudulent attempts to obtain medicines.

Medical equipment

GPs were expected to use some of their own medical equipment. Grabadoc had a contract for the maintenance and repair of its equipment, including the defibrillator and nebulizers. Annual checks and servicing of this equipment had been completed within the last 12 months to ensure it was fit for use.

Infection control and hygiene

People who had a face-to-face consultation with a GP at Grabadoc were treated in suitable clinical premises. The environment was visibly clean and there were regular

Are services safe?

infection control checks to ensure cleaning and decontamination procedures were adhered to. The water system was routinely cleaned and disinfected to minimise the risk of exposure to Legionella. There were appropriate facilities for hand-washing, and for dealing with clinical waste. Personal protective equipment, for example disposable gloves, and adequate supplies of single use items were available.

There were no facilities for people using the service to clean the nappy changing area; however staff were on hand to clean these areas if necessary. Reception staff had been trained in the use of the spill kit for body fluids.

Safeguarding

There were policies and procedures to guide GPs and staff about their role in safeguarding and promoting the welfare of vulnerable adults and children. GP leads for safeguarding vulnerable adults and for child protection had been identified. They were responsible for the implementation and review of safeguarding policies and procedures. GPs and staff had completed safeguarding training to an appropriate level. Annual safeguarding

refresher training was mandatory. GPs had also completed training on the Mental Capacity Act 2005 to safeguard the interests of patients who lacked capacity to make some decisions in relation to their treatment and care.

There was a system in place for receiving information from other organisations for adults who were at risk, or children for whom a protection plan was in place. This information was recorded securely on the out-of-hours computer system as a Special Patient Note (SPN), and was available to the GP during an assessment or consultation to enable them to help keep the vulnerable adult or child safe.

Grabadoc's clinical audit programme regularly assessed how well GPs addressed any potential safeguarding issues, to maintain and improve their ability to respond effectively to possible abuse and neglect.

Dealing with foreseeable emergencies

The business continuity plan set out alternative arrangements to be put in place, for example in the event of the computer system going down or the premises becoming unusable, so that there would be no disruption to the service for patients.

Are services effective?

(for example, treatment is effective)

Summary of findings

People's needs were met by suitably qualified and experienced staff working to recognised best practice standards and guidelines. The provider undertook clinical audit to maintain and improve the standard of treatment and care provided.

Our findings

Promoting best practice

The out-of-hours GPs worked to guidelines from the National Institute for Health and Care Excellence (NICE). They were subject to regular clinical audit to ensure patients received effective care as set out by the guidelines. Samples of electronic patient records and recordings of telephone consultations were checked using the Royal College of General Practitioners urgent and emergency care clinical audit toolkit.

Clinical audit results were reviewed by the clinical governance committee. GPs told us that the feedback they received and the opportunity for reflective learning was helpful.

Grabadoc undertook additional checks to monitor and improve the treatment and care provided in specific areas, and by the organisation as a whole. Recent examples included adherence with NICE guidance on pain assessment, to ensure pain is properly recognised and treated, and the appropriateness of the referrals the service had made to the local hospital.

Staffing

There was a system for completing pre-employment checks before staff, for example, receptionists, drivers and managers, were allowed to work for the provider. The checks ensured staff were of good character, and were appropriately qualified and fit for the work. There was an effective recruitment and selection process in place.

A recently introduced system for recruiting new GPs to work out-of-hours sessions was less well established. For example, we saw that not all new GPs had provided two references in line with the provider's policy, and not all had been issued with a contract of service. However, like all Grabadoc's GPs, they had been recruited from local practices and were known to the service. Grabadoc had checked that they were included in one of the local NHS medical performers list and therefore may perform primary medical services. Grabadoc had also checked that all GPs were members of a professional defence organisation. New GPs joining the pool were required to serve a probation period of three months to ensure they were suitable for the role.

There were sufficient numbers of suitably qualified, skilled and experienced GPs and staff employed to provide the out-of-hours service. There was clinical support for GP Speciality Registrars, and those we spoke with were positive about the training provided.

Grabadoc used a rostering tool to forecast and schedule GPs to predicted demand for the service. There was an emergency standby doctor procedure in place to deal with unforeseen increased demand for the service. This ensured there were enough GPs to meet demand on the service at all times.

GPs and staff felt supported and were positive about working for the service. Morale was high, and there was a culture of openness, candour, and involvement. For example, a receptionist told us that they had chosen the uniform for reception staff. Staff we spoke with valued team meetings.

Induction programmes were in place for new GPs and staff to prepare them for their new role. There was a programme of mandatory training, including for example safeguarding, basic life support, and patient confidentiality, which GPs and staff had completed in a timely way to keep their knowledge and skills in these areas up to date.

Are services caring?

Summary of findings

People were treated with compassion, respect and dignity. A chaperone was available on request during face-to-face consultations with a GP. Care was taken to protect people's privacy, and to keep information about them confidential and secure.

Our findings

Involving patients in their treatment

Patients and their families told us they felt they had been listened to, and that their treatment and care met their

needs. They told us that they had received the information they needed and that they understood their treatment. We observed GPs and staff to be courteous and approachable in their dealings with patients.

Privacy, dignity and confidentiality

GPs and staff had received training on information governance, and we observed them taking care to protect people's privacy and to keep information about people confidential and secure.

There was a chaperone policy in place, and trained staff were on hand to be present during a face-to-face consultation if the patient required a chaperone. Information for patients about the availability of a chaperone was on display in the consulting rooms; and the notice on display in the waiting room was replaced when we advised the provider that it was missing.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The provider worked continuously to ensure people's individual needs were met appropriately without unavoidable delay. It made provision for the needs of the diverse population it served, and used patient feedback, including complaints, to improve the service.

Our findings

Responding to patients' needs

People using the service received a call back from a GP, and were seen by a GP when required, in a timely way. We observed GPs working in a calm and unhurried way to respond to people's needs. All telephone calls came through to the out-of-hours service via the local NHS 111 service. Grabadoc's policy was to complete its own triage of the call, in addition to that completed by the NHS 111 service, to ensure that it responded to the patient in the most clinically appropriate and timely way.

There was a policy in place to guide GPs about what to do if they are unable to make telephone contact with a patient, and what action to take if a patient is considered to be clinically at risk, for example someone who is frail, elderly and alone, or someone who may have collapsed. This ensured that patients at risk received appropriate treatment and care. Similarly, there was a home visits – failed access policy in place.

Waiting times

Grabadoc did not receive calls directly from the NHS 111 service, but was required to call back those people who had been referred to them by NHS 111. Activity reports showed that Grabadoc was meeting, or exceeding, all but one of the response time targets for calling people back. The response time target for a patient depended on the assessed urgency of the patient's needs. Grabadoc had narrowly missed the 95% target for calling all people who needed to be called back within 20 minutes.

The local NHS 111 service was introduced in early 2013 and this had changed the nature of Grabadoc's work. It therefore developed a system to analyse these changes so that it could change the way it operated the out-of-hours service to meet all response time targets in future.

Grabadoc did not operate an appointment system for patients who were invited in for a face-to-face GP consultation. We saw that people who attended in person were checked in promptly by reception staff. Grabadoc's patient survey results for the first two months of 2014 showed that almost all respondents felt that they did not have to wait too long to see the GP.

Access

Grabadoc had made arrangements to enable people with diverse needs to access the service. People who are hard of hearing were able to access the service using typetalk, a service which allows text-based communications over the phone. There was a specialist language translation service available for people who don't speak English as their first language. Parking, baby changing facilities, and wheelchair access was available at the service. However, there was no alarm cord in the disabled toilet, and we highlighted this as an area where the provider could make improvements.

Patient feedback and complaints

Grabadoc used information from patient surveys and complaints to help improve its service. It was also using the patient survey questionnaire to invite patients to be involved in its out-of-hours patient focus group. The purpose of this group was to help review and improve services to patients, and 36 people had taken up this offer. We spoke with two members of the focus group who were very positive about the way in which the provider responded to their feedback.

Examples of improvements to the service in response to patient feedback included raising awareness among GPs about a nasal cream that contained peanut oil, which was not suitable for patients with an allergy to peanuts; and a reminder to all to check the British National Formulary for information about medicines in relation to allergies. We also saw that the provider had removed a hedge that was obscuring signage to the Grabadoc service in response to feedback that the service was difficult to find. During our visit we saw that most patients needed to ask for help to leave the service because they could not open the electronic gate that secured the car park area. We highlighted this as an area where the provider could make improvements.

Grabadoc investigated all formal and informal complaints thoroughly and its responses to complainants were open,

Are services responsive to people's needs?

(for example, to feedback?)

clear and honest, and offered an apology where necessary. Complaints were discussed by the clinical governance committee to identify where improvements to the service could be made.

Detailed feedback from the patient survey was disseminated to all GPs and staff, and was displayed in the waiting area, to provide information about how patients thought the service was performing. This showed that Grabadoc valued what patients thought of its service.

Are services well-led?

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

Summary of findings

The service was led by GPs with a focus on delivering high quality patient care. The provider worked with other services to improve the experience of patients out of hours. Governance arrangements and information systems were being strengthened to enable the provider to better monitor, manage and improve the operation of the service in response to changes and demands within the wider NHS.

Our findings

Governance arrangements

The clinical governance committee was chaired by the Medical Director and met regularly. It received reports about incidents, complaints, performance, patient surveys, and clinical audit, and used this information to improve the quality, performance and effectiveness of the out-of-hours service. Policies, procedures, and job descriptions, for example for GP clinical lead roles, set out clear lines of accountability and responsibilities. Grabadoc maintained a risk register and reviewed regularly the controls put in place to minimise risks to patient safety, to ensure the controls continued to be effective.

Grabadoc had appointed a Quality and Governance Manager and an Information and Systems Manager within the last year to strengthen support in these areas for the clinically-led clinical governance committee and the corporate board. It was developing systems that would enable it to provide the detailed performance information required by commissioners.

Cooperating with other providers

Grabadoc was involved with the local NHS 111, A&E and urgent care centres, and with community and mental health services, to improve the experience of out-of-hours services. For example, pathways had been developed around patients with palliative care needs, and around patients with chronic obstructive pulmonary disease (COPD). GPs and representatives from community services told us there were good working relationships between Grabadoc and the district nursing service, and rapid response and joint emergency teams to ensure that people received appropriate and timely care, and were kept safe.

Putting the patient first

Grabadoc's aims and objectives were clearly stated. Staff at all levels of the organisation and GPs we spoke with told us they enjoyed working for Grabadoc. They demonstrated commitment to providing care that is of the highest quality which is both safe and cost effective.