Chesterton Medical Centre

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

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Summary of findings

Overall summary

Cambridgeshire Doctors on Call is also known as Urgent Care Cambridgeshire. It provides an evening and weekend out-of-hours primary care service for patients in Cambridgeshire. The service is responsible for providing primary care when GP surgeries are closed. It provides medical services from five primary care centres based in Cambridge, Ely, Doddington, Wisbech and Huntingdon.

All the patients we spoke with were very complimentary about the service they received. We saw the results of a patient survey that showed patients were consistently pleased with the service they received.

The provider had responded very effectively to safeguarding concerns in a previous CQC inspection and had made all the improvements necessary to keep people safe.

The provider regularly met with the local clinical commissioning group (CCG) to discuss service performance and improvement issues. There was generally a very good relationship between the provider and the CCG. The provider was fully engaged in the local health economy and was proactive in responding to peoples' needs.

The leadership team was very visible and staff found them very approachable. There were excellent governance and risk management measures in place.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Overall the service was safe. Since our last inspection, the provider had fundamentally reviewed all its safeguarding procedures and had taken steps to ensure that staff followed the new procedures. The local authority had completed its own investigation into the service's safeguarding procedures and was satisfied that they were appropriate.

Are services effective?

Overall the service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met in a timely manner. The provider was making effective use of the Royal College of General Practitioners' clinical audit tool to assess the performance of its doctors.

Are services caring?

Overall the service was caring. All the patients we spoke to during our inspection were very complimentary about the service. The providers own regular patient surveys produced consistently positive results. The provider's induction and training programmes emphasised the need for a patient centred approach to care.

Are services responsive to people's needs?

Overall the service was responsive to people's needs. There was an open culture within the organisation and a clear complaints policy. Patient suggestions for improving the service were acted upon. The provider participated actively in discussions with commissioners about how to improve services for patients in the area.

Are services well-led?

Overall the service was very well led. There was a strong and visible leadership team with a clear vision and purpose. Governance structures were robust and there was robust system in place for managing risks.

Summary of findings

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

All the patients we spoke with during the inspection were very complimentary about the service they received. They told us that it was quick, efficient and caring. We also looked at the results of a monthly survey that collected the views of patients who used the service. Patients were overwhelmingly positive about the service they received.

More than 500 patients completed a short questionnaire during November and December 2013. Of those, 99% described their overall experience as good or better. When asked to rate the quality of their consultation with the clinician, 98% of patients described it as good or better.

Areas for improvement

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

The provider could further demonstrate continuous service improvement by completing audit cycles. It already has plans to do so.

Good practice

Our inspection team highlighted the following areas of good practice:

- There were excellent governance and risk management procedures in place
- There was a very effective system in place to manage medicines
- The service was very responsive to concerns and comments
- There was a clear vision and strategy that was effectively communicated
- There was a strong culture of patient centred care
- There were very good recruitment, induction and training processes in place

Chesterton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC inspector. The inspector was accompanied by three special advisers (a GP, a practice manager and a nurse).

Background to Chesterton Medical Centre

Cambridgeshire Doctors on Call is also known as Urgent Care Cambridgeshire. It provides an evening and weekend out-of-hours primary care service for patients in Cambridgeshire. The service is responsible for providing primary care for 750,000 patients when GP surgeries are closed It provides medical services from five primary care centres based in Cambridge, Ely, Doddington, Wisbech and Huntingdon. The head office is located within the Chesterton Medical Centre in Cambridge. The service also provides out-of-hours cover for East Anglia Children's Hospice.

Why we carried out this inspection

We chose to inspect Cambridgeshire Doctors on Call as one of the Chief Inspector of Primary Medical Services' first new inspections because it had been found to be non-compliant with a safeguarding regulation during an inspection in June 2013.

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 our inspection we carried out an analysis of data from our Intelligent Monitoring system. This did not highlight any significant areas of risk across the five key question areas. As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. We held a meeting for members of the gypsy and traveller community who used the service.

The inspection team spent eight hours inspecting the out-of-hours service and visited the provider's administrative offices and its primary care centres at Chesterton Medical centre and at Hinchingbrooke Hospital. We spoke with six patients and 12 staff.

We carried out an announced visit on 12 March 2014. We observed how staff handled patient information received from the external call handling service. As part of the inspection we looked at the personal care or treatment records of patients, and we observed how staff cared for patients and talked with them. We also talked with carers and family members. We spoke with and interviewed a range of staff including the Chief Operating Officer, the director of Nursing and Quality, the Medical Director and two doctors.

Are services safe?

Summary of findings

Overall the service was safe. Since our last inspection, the provider had fundamentally reviewed all its safeguarding procedures and had taken steps to ensure that staff followed the new procedures. The local authority had completed its own investigation into the service's safeguarding procedures and was satisfied that they were appropriate.

Our findings

Safeguarding

When we inspected Cambridgeshire Doctors on Call in June 2013, we found that concerns regarding the safeguarding of patients were not passed on to the relevant authorities as quickly as they should have been. This created a risk that patients could be at risk of harm for longer than necessary. Following our last inspection, the provider carried out a comprehensive review of its safeguarding policies and procedures. It provided additional guidance and training to all clinical staff and introduced a daily check to ensure that any safeguarding concerns were passed on to the relevant authorities immediately. The local clinical commissioning group (CCG) also undertook its own thorough investigation into the handling of safeguarding concerns at the service. It concluded that the new measures put in place by the provider addressed the concerns expressed by CQC. We found that the provider now had comprehensive safeguarding policies and procedures in place to protect vulnerable patients. There were regular self-assessments of compliance with safeguarding requirements undertaken using the local authority's preferred self-assessment tool. The systems were robust and were effectively monitored and audited by senior staff. There was a monthly safeguarding meeting which was a sub-committee of the quality and patient safety committee. Any safeguarding issues were reported to the board through this committee.

Significant adverse events

The provider held a weekly complaints and incident management meeting which was a sub-committee of the quality and patient safety committee. Any incidents or adverse events were reported to the board through this committee. The provider had experienced a serious adverse event involving a patient ending their own life last year. We saw evidence that a thorough and rigorous internal investigation had been carried out. This had identified some key learning points and these had been shared with staff appropriately. We also saw evidence that less serious significant adverse events were fully recorded before being investigated by the provider's medical director. We saw action and learning plans were shared with all relevant staff after the investigations were complete. The provider used a 'serious incident update' form to notify the local CCG of individual events. We saw a completed form for a recent event involving a consent issue. The form had been comprehensively filled in with details of the incident, an analysis of events leading up to it and the actions taken by the provider after the event. The local CCG monitored the provider's performance on a monthly basis in relation to the standard and timeliness of significant adverse event reporting. The CCG had been satisfied with both measures in the last two quarters we looked at.

Management of medicines

One of the provider's directors was responsible for the management of medicines in the service. There were up to date medicines management policies and staff we spoke with were familiar with them. Medicines for use in the primary care centre in the Chesterton Medical Centre were kept in a secure store to which only clinical and pharmacy staff had access. There were medicine and equipment bags ready for doctors to take on home visits. The bags were sealed with security tags so it was clear if they had been opened and would need checking. We saw evidence that the bags were regularly checked to ensure that the contents were intact and in date. We looked at how controlled drugs were managed. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. The records showed that the controlled drugs were stored, recorded and checked safely. When on home visits, doctors stored controlled drugs in a purpose built safe fitted into the provider's own vehicles.

Clear records were kept whenever any medicines were used. The records were checked by pharmacy staff who reordered supplies as required. There was a monthly medicines management meeting which was a sub-committee of the quality and patient safety committee. Any medicine related issues were reported to the board through this committee. Any changes to the

Are services safe?

drugs carried by doctors were discussed at the medicines management meeting. Any changes were communicated to clinical staff electronically and by attaching a note to drug boxes..

There were standard operating procedures (SOP) for using certain drugs and equipment. We looked at a SOP for the use of intravenous drugs. The SOP was in date and was clearly marked to ensure that staff knew it was the current version.

Business continuity

There were robust plans in place to deal with emergencies that might interrupt the smooth running of the service. Two alternative sites had been identified for potential use if the providers' main primary care centre became unavailable for any reason. The plans were kept in service operation procedures folders which were held by each service manager. There was a standby generator available if power was lost at the providers' main primary care centre.

Workforce Planning

We saw a draft workforce planning document prepared by the provider's HR consultant to ensure that the skill mix of its staff was appropriate for the service it was delivering. The paper explored the issue of skill mix and efficiency using evidence from published papers on the subject. It included a section called 'what safe looks like'. The paper examined the provider's service model, compared it with other providers and made recommendations to the board about staffing. The paper had not yet been considered by the board.

Emergency equipment

There was a defibrillator and oxygen available for use in a medical emergency. The equipment was checked daily to ensure it was in working condition.

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall the service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met in a timely manner. The provider was making effective use of the Royal College of General Practitioners' clinical audit tool to assess the performance of its doctors. There was a comprehensive schedule of internal audits.

Our findings

Auditing and monitoring

Auditing and monitoring of the service was overseen by the provider's audit committee. The committee had designed a rolling programme of audits for the whole year. Areas to be audited included consultations, patient records, hand washing, information governance and medicines management. The human resources team also conducted audits of staff absence, staff turnover and appraisals. The results of audits were shared with all staff through a regular clinical bulletin. We looked at the results of a recent audit of the appropriateness of home visits. Cambridgeshire Doctors on Call had identified that the number of its home visits were higher than average for out-of-hours providers and that they were increasing. The audit looked at the reasons why this might be. The feedback to doctors was to think carefully before agreeing to a home visit, but that ultimately doctors needed to make decisions using their own clinical judgement. We also saw the results of audits of consultation ties and the effective use of previous case histories and how these were shared with all staff. We were told that the provider had not so far completed any full audit cycles so as to demonstrate continuous service improvement as a result of changes implemented after initial audits. We saw evidence that the provider's audit committee was addressing this issue.

The provider made effective use of the Royal College of General Practitioners' clinical audit tool to assess the performance of its doctors. Newly recruited doctors to the service were subjected to a higher rate of audit until the medical director was satisfied with their performance.

All audit results were considered in detail by the patient safety and quality committee before being presented to the full board on a monthly basis.

Call handling

Calls to the service were handled by the NHS 111 service. Life-threatening calls were identified by the call handlers and diverted to the relevant emergency service. All other calls were assessed for urgency by the external service before being transmitted electronically to Cambridgeshire Doctors on Call. The calls were then dealt with by an on-call doctor. Patients could be given telephone advice, invited into the care centre or allocated a home visit. When a home visit was necessary, the patient's details could be transferred to a secure laptop computer and taken on the visit. Any new calls received by the service while the doctor was out on a home visit could also be sent directly to the laptop computer if necessary.

Recruitment

The provider had a comprehensive and up-to-date recruitment policy in place. The policy detailed all the pre-employment checks to be undertaken on a successful applicant before that person could start work in the service. The policy made accurate reference to CQC's requirements in this area. We looked at a sample of recruitment files for doctors, administrative staff, drivers and nurses. They demonstrated that the recruitment procedure had generally been followed. We found that although the provider was collecting enough identity information to establish that new staff were entitled to work in the UK, it was not always formally recording this as a check completed.

The provider had a separate policy on the recruitment of locum doctors. The stated aim of the policy was to reduce reliance on agency locum doctors on the grounds of cost and safety. The policy made clear that the same level of pre-employment checks were required for locum doctors as for permanent staff.

Induction and Training

The provider used comprehensive induction and initial training packs tailored for each role in the organisation. New clinical staff were mentored at first by a more experienced colleague and needed to be signed off as competent by the medical director before being able to see patients alone. Upon successful completion of the induction and initial training programme, staff were issued with a certificate of competency that was kept on their personal file. All staff that completed the induction programme were asked to complete an evaluation form to provide feedback about their experience.

Are services effective?

(for example, treatment is effective)

We saw a comprehensive training matrix for all staff employed in the organisation. It was colour coded to enable managers to see at a glance when staff training was due. The provider was required to meet training requirements identified using a training needs analysis agreed with the local CCG. Compliance with the training requirements was discussed at a monthly meeting with the CCG. At the most recent monthly meeting the provider had agreed to additional actions to meet the CCG's training requirements. The identified shortcomings related to non-clinical training courses.

Continuing professional development training for clinical staff was organised by the clinical director and delivered by external experts. Topics were requested by the doctors or linked to learning from previous incidents in the service. We saw details of two recent courses. One was about paediatric life support and had been requested by the doctors. The other was led by a clinical psychiatrist and had been arranged as part of the wider learning from a previous serious adverse event.

In November 2011, Cambridgeshire Doctors on Call was re-approved by Health Education East of England (HEEoE) as an OOH GP training provider with Clinical Supervisors until November 2015. Positive findings found during the approval process included a trainee GP who said the administrative staff and Clinical Supervisor were very supportive, and the teaching was good. The induction session was also described as 'useful. There were no concerns raised by trainees.

Supervision

The provider made effective use of the Royal College of General Practitioners' clinical audit tool to monitor and assess the performance of its doctors. Newly recruited doctors to the service were subjected to a higher rate of audit until the medical director was satisfied with their performance.

Multi-disciplinary working

Doctors at the provider worked closely with the local 'hospital at home' service. Patients could be referred to the service, which was staffed mainly by community nurses, if they needed regular visits at home from a nurse rather than a doctor. Doctors also had access to a specialist geriatric service to help them manage the particular needs of older patients.

National quality requirements

Out-of-hours providers are required to regularly report on their performance against a series of national quality requirements (NQR). These requirements are designed to ensure that the service is safe, clinically effective and delivered in a way that gives the patient a positive experience. The provider reported on its performance in relation to the NQRs on a monthly basis to the local CCG. there had been no significant breaches of the requirements since NHS 111 took over call handling for the service in September 2013.

Are services caring?

Summary of findings

Overall the service was caring. All the patients we spoke to during our inspection were very complimentary about the service. The providers own regular patient surveys produced consistently positive results. The provider's induction and training programmes emphasised the need for a patient centred approach to care.

Our findings

Patient survey

We looked at the results of a monthly survey that collected the views of patients who used the service. Patients were overwhelmingly positive about the service they received. More than 500 patients completed a short questionnaire during November and December 2013. Of those, 99% described their overall experience as good or better. When asked to rate the quality of their consultation with the clinician, 98% of patients described it as good or better.

Privacy and dignity

The service was in the process of producing a written patient dignity policy. Staff were familiar with the steps they needed to take to protect people's dignity. Consultations took place in purpose designed consultation rooms with an appropriate couch for examinations and curtains to protect privacy and dignity. There were signs explaining that patients could ask for a chaperone during examinations if they wanted one. Patients told us that they felt that staff and doctors had effectively protected their privacy and dignity.

Involving patients in their treatment

The provider did not operate a patient participation group at the time of our inspection but set one up shortly afterwards. Individual patients told us they felt that they had been involved in decisions about their own treatment and that the doctor gave them plenty of time to ask questions. They were satisfied with the level of information they had been given and said that any next steps in their treatment plan had been explained to them.

Culture

The staff we spoke with all displayed a passion for patient care and were keen for the service to be patient centred. We saw that induction and initial training programmes for clinical staff covered listening effectively, communication effectively, and shared decision making. This helped to ensure a consistent approach to patient care across the service.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall the service was responsive to people's needs. There was an open culture within the organisation and a clear complaints policy. Patient suggestions for improving the service were acted upon. The provider participated actively in discussions with commissioners about how to improve services for patients in the area.

Our findings

Patient feedback

Cambridgeshire Doctors on Call did not operate a patient participation group at the time of our inspection but set one up shortly afterwards. However, the service conducted regular patient surveys and responded to the issues raised, where appropriate. For instance, some patients had said they didn't understand why some people saw a doctor before others. The provider was in the process of revising its patient leaflet to explain this more clearly. Some patients said they were confused about the meaning of the time they were given to attend the primary care centre. The provider had been addressed by ensuring staff informed patients that the time they were given was the time they should arrive at the primary care centre and that they still might have to wait if there were more urgent cases to be seen.

Previous CQC inspection

The provider had responded extremely thoroughly to a CQC inspection in June 2013 which found that the service was non-compliant with safeguarding regulations. The issue had been comprehensively addressed and resolved. Our previous inspection had also included some minor negative comments from patients. The provider had produced an action plan to examine and address the comments made. For instance, signs outside the Cambridge primary medical centre had been improved and some children's toys in the waiting room of one primary care centre had been replaced.

Meeting peoples' needs

The two primary care centres we visited were both accessible to patients with mobility difficulties. The consulting rooms were large with easy access for patients with mobility difficulties. There were also toilets for disabled patients. Staff said they had access to interpreter or translation services for patients who needed it, and there was guidance about using interpreter services and contact details. They said that although they asked patients who their normal GP was, they did not refuse to see anybody if they were not registered with a GP. Before our inspection we held a focus group meeting with members of the gypsy and traveller community. There was some confusion among the people at the meeting about which out-of-hours service they used as they lived close to the border with a different service. They told us that they preferred to take relatives with medical problems to a walk-in centre or straight to accident and emergency because they sometimes felt uncomfortable discussing medical problems and the medication used by their relative over the phone when they were not familiar with the terminology used. The provider was not aware of this issue, which possibly related to the NHS 111 service rather than Cambridgeshire Doctors on Call.

We saw that the provider carried out a comprehensive analysis of its activity data across all of its primary care centres. This information was used to ensure that the correct number of staff with the most appropriate skill mix were deployed in the most effective way to meet patient demand. The activity analysis was shared with the local CCG on monthly basis.

One of Cambridgeshire Doctors on Call's primary care centres was adjacent to the accident and emergency (A&E) department in Hinchingbrooke Hospital. The provider had worked with the hospital trust and the CCG to enable the A&E department to refer suitable patients directly to the out-of hours GP service without them having to call 111.

Learning from experiences, concerns and complaints

The service had an open culture policy in place and staff told us that there was a 'fair blame' culture in the service. We saw that there was a robust complaints procedure in place. The medical director regularly audited the performance of doctors. Any specific issues were raised directly with the doctor concerned. General learning points were shared with the whole team using a regular newsletter.

Are services well-led?

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

Summary of findings

Overall the service was very well led. There was a strong and visible leadership team with a clear vision and purpose. Governance structures were robust and there was robust system in place for managing risks.

Our findings

Leadership

In the long term absence of the provider's chief executive officer, the chief operating officer was in day to day control of the service. There was a well-established management structure with clear allocations of responsibilities. We were able to talk with several non-executive GP directors with oversight responsibilities for various aspects of the provider's service. All of them demonstrated a deep understanding of their area of responsibility and each one clearly took an active role in ensuring that a high level of service was provided on a daily basis.

Vision and strategy

Cambridgeshire Doctors on Call's vision was clearly stated on its website – local engagement, local base, local knowledge. We saw evidence managers of the service engaged with the local CCG on a regular basis to discuss current performance issues and how to adapt the service to meet the demands of local people. For instance, the provider was working with the CCG to carry out home visits to patients during normal surgery opening hours to reduce an identified early evening spike in activity. There was a clear recruitment policy that supported the recruitment of permanent local GPs to work in the service rather than relying on locums from outside the area.

We saw a comprehensive forward planning document that had been prepared in advance of a discussion with the CCG about the future of the service. The paper set out a series of fully costed options based on a comprehensive analysis of extensive activity data. This demonstrated full engagement with the commissioning body based on a deep understanding of the local health economy.

Governance arrangements

Cambridgeshire Doctors on Call had a clear corporate structure designed to provide to provide complete assurance to the board that the service was operating safely and effectively. There was a quality and safety committee (QPSC) chaired by a full time director of nursing and quality. Three sub committees – medicines management, complaints and incident management, and safeguarding - reported to it. The QPSC presented a summary of its activities to the main board on a monthly basis. Non-clinical operational matters were dealt with by a separate meeting of the senior management team. Non-executive GP directors had clearly defined lead responsibilities.

Risk management

The provider had produced a comprehensive register of potential risks to its business. The risks identified were rated using a 'likelihood x consequence' scoring system. The risk register was discussed at every board meeting and risk reduction plans were regularly reviewed and updated.

Quality indicators

In addition to monitoring and reporting its performance against the national quality requirements, Cambridgeshire Doctors on Call had developed and agreed suite of quality indicators with the local CCG. The indicators were monitored on a monthly basis using a colour coded 'quality dashboard'. This enabled the management team and the commissioning body to see at a glance if any aspect of performance was below expectation and to put plans in place to improve the situation.